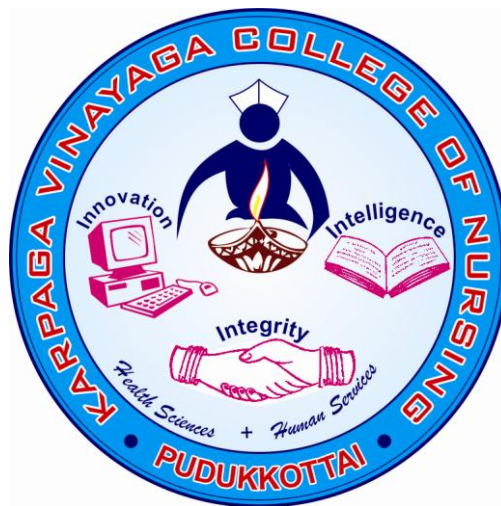


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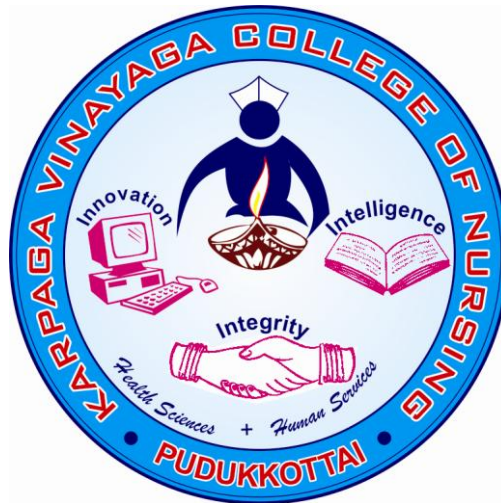


**A DISSERTATION SUBMITTED TO THE TAMIL NADU
DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI IN PARTIAL
FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING**

OCTOBER 2018

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**By
S. SARANYA DEVI**



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CERTIFICATE

Certified that this is the bonafide work of **Ms. S. SARANYA DEVI**, Karpaga Vinayaga College of Nursing, Pudukkottai submitted in partial fulfillment of the requirement for the degree of Master of Science in Nursing under The Tamil Nadu Dr. M.G.R. Medical University, Chennai.

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Date:

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EXAMINERS:

1.

2.

.....

Prof. S.SUMITHRA,M.Sc.(N), M.Sc.(Y), Ph.D.,

Principal

Karpaga Vinayaga College of Nursing

Pudukkottai

TO WHOMEVER IT MAY CONCERN

This is to certify that the Ethical committee of Karpaga Vinayaga College of Nursing, has discussed with its members the topic **“A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF PRANAYAMA ON STRESS AND COPING AMONG HOUSEWIVES AT SELECTED COMMUNITY AREAS, IN PUDUKKOTTAI.”** during the year 2017-2018 adopted by **Ms. S. SARANYA DEVI** and its implications on study subjects for her thesis for M.sc Nursing programme and the committee passed clearance for the same topic for her to pursue.

ETHICAL COMMITTEE

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“Gratitude is the fairest blossom which springs from the soul”.

-Henry Ward Beecher.

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ABSTRACT

Now a day, stress is dangerous and significant problems of world and affects physical, mental, behavioural, and emotional health. Every one of us experience stress, indeed a certain level of stress is vital if we are to meet crises. Yoga has been reported to control stress, to be beneficial in treating stress related disorders, improving autonomic functions, lower blood pressure, increase strength & flexibility of muscles, improve the senses of well being, slow ageing process, control breathing, reducing stress and improving spiritual growth.

STATEMENT OF THE PROBLEM

“A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF PRANAYAMA ON STRESS AND COPING AMONG HOUSEWIVES AT SELECTED COMMUNITY AREAS, IN PUDUKKOTTAI”.

OBJECTIVES

1. To assess the pre test and post test level of stress and coping among housewives in experimental and control group.
2. To evaluate the effectiveness of pranayama on level of stress and coping among housewives in experimental and control group.
3. To find out the association between the post test level of stress and coping among housewives with the selected demographic variables in experimental group.

Conceptual framework	:	King's Goal Attainment Theory
Research design	:	Quasi Experimental, Pre test, post test, control group design
		E O1 X O2
		C O1 O2
Population	:	Housewives
Sample size	:	60 housewives with stress, (30 in Experimental group and 30 in control group)
Sampling Technique	:	Non Probability–Purposive Sampling technique
Setting	:	Attangudi, Maravapatty.
Tool	:	Modified stress tool based on Singh Personal Stress Source inventory and Cohen perceived stress scale and modified coping tool based on Rao & Prabhu.
Data collection	:	The period of data collection was 6 weeks. Pranayama was given to housewives for 30 minutes perday for 7 days to reduce the level of Stress and improve the coping level.
Data analysis	:	Descriptive Statistics (Frequency, Percentage, Mean, and Standard Deviation), and Inferential statistics (paired't' test, unpaired't' test, and chi – square) were used to test the research hypotheses.

MAJOR FINDINGS OF THE STUDY

1. Housewives from experimental group had experienced mild and moderate level of stress, when compared with housewives from control group.
2. Housewives from experimental group had experienced moderate and high level of coping, when compared with housewives from control group.
3. There was a significant difference in the level of stress and coping among housewives after pranayama between control and experimental group.
4. There was a significant association between the post test level of stress with the selected demographic variables in experimental group.
5. There was a significant association between the post test level of coping with the selected demographic variables in experimental group.

CONCLUSION

1. Pranayama was simple and effective method for reducing the stress among housewives.
2. Pranayama helps to relieve the stress and promote the well being among housewives.
3. Pranayama helps to enhance the level of coping among housewives.

CHAPTER I

INTRODUCTION

“Its not stress that kills us, it is our reaction to it”.

-Hans Selye.

BACKGROUND OF THE STUDY

Women play a pivotal role in the decision making process of organisations and within the family. Indian culture bestows on women the role of caretaker of the family. For centuries, women's have been expected to fulfill the ideal role of the both perfect wife and mother.

Many of the women do not take notice of the stress that end up in being disturbed both psychologically as well as physiologically. Throughout the history of mankind women have been dominated by men. Even after marriage, the same trend continues irrespective of the culture, mostly all around the world. The raising of children puts immense pressure on the woman who works at home. In spite of the stress experienced by women, many do not cope up with the stress of married life and experience a variety of psychological as well as psychosomatic symptoms.

Modern era is the era of science and technology, where everyone is striving to excel in his\ her field whether it is at home or at work place. In this modern era stress become a universal phenomenon. In general, women are more likely than men to experience physical symptoms of stress such as fatigue, irritability, headaches and depression.

Stress is the consequence of failure of an organism-human or animal to respond appropriately to emotional or physical threats, whether actual or imagined. It is a major health hazard of the modern world affecting all people

irrespective of age, gender, education, occupation, domiciliary status, finance, religion, race, ethnicity and nationality.

Marriage is one of the most important events in an individual's life span. People believe that life after marriage is very interesting .However the responsibilities of husband and wife are far more than anyone can imagine. As life moves on, both husband and wife start to experience a variety of problems like inability to adjust with each other, financial difficulties, inability to spend enough time for each other due to work pressure, pregnancy, child birth and sexual dissatisfaction etc.

Cleveland Clinic (2018) stated that, stress can involve a recent change or a daily pressure. It happens to everyone and can be motivating and productive or negative and destructive. Tension and anxiety, as well as depression, are frequent emotional consequences of stress. Women are socialized to be the caretakers of others. More women than men have both a career outside the home and continue to try to juggle traditional responsibilities after hours. Over 70% of married women with children under the age of 18 are employed outside the home. Sociologists describe women as struggling to achieve the “male standard “at work, while trying to maintain the perfect wife and mother standards at home.

As women progress through life's stages, hormonal balance associated with premenstrual, post-partum and menopausal changes can affect chemical vulnerability to stress and depression.

Modasta (2017) stated that, being a housewife is not easy. She is the person who has the full responsibility of running the house and taking care of needs of every family member. She has to work almost entire day to make sure that the household chores are done on time. She is the backbone of the family.

Some of the housewives take this responsibility without stress, but for some, being a housewife becomes a frustrating and tiring job. Never ending household work makes them tired and drained out.

Mary.C.Townsend, (2012) stated that, overloads of stress hormones of cortisol and adrenaline have been linked to many health problems including heart disease, high blood pressure and weakens immune function. Managing stress is very important.

American Psychological Association (2010) stated about gender and stress. In that women are more likely than men to report having a great deal of stress. Married women report higher level of stress than single women, with one-third (33 percent) reporting that they have experienced a great deal of stress in the past month (8,9 or 10 on a 10-point scale) compared with one in five (22 percent) of single women. Similarly, significantly more married women report that their stress has increased over the past five years (56 percent vs. 41 percent of single women.) Single women are also more likely than married women to say they feel they are doing enough to manage their stress (63 percent vs. 51 percent).

Lalitha, (2010) stated that, a stressor can be classified into negative (or) positive. “Negative stressor” is the one which are varied but the client is uncontrollable and leads to maladaptation. Positive stressors are those in clients which are controlled and leads to growth.

Marym Khursid, (2007) stated that housewife is a pillar of her family and to support everyone that pillar is need to take extra care and attention. It is not only her but everybody’s duty in the family to take care of her. A female should also understand that to fulfill all her duties she needs to be mentally and

physically healthy. A housewife is supposed to do multidimensional works for that she needs to have a good stamina. A female also requires mental and physical relaxation created by environment and work pressure, which, if not taken care, can lead to stress.

Fatma Arpasi, (2007) states that females are known to be sincere, devoted and perfectionist for any task they are involved into, that is why a housewife needs to be physically, mentally and emotionally healthy to fulfill all her duties but not at the cost of her health. Yoga is the best therapy for complete health its various practices helps to maintain overall health. According to a research percentage of females are more among the total population who practice Yoga all over the world. But still there is need for more awareness among the housewives to take better care of their health. Most of the females go through the phase of mood swings, anger, headache, back ache due to stress which affects their personal life; it can be managed by yoga practice.

Lack of physical and mental relaxation leads to Stress in housewives which can be prevented and managed by regular practice of Yoga. Practice of Yoga helps to release healthy chemicals in body which makes a person feel good and relaxed thus curing stress. Pranayama (Breathing exercises) controls mind which inhibits too much thought process and makes them feel relaxed and concentrated.

Ellen Serber, (2004) explained that stress is a common condition, a response to a physical threat or psychological distress that generates a host of chemical and hormonal reactions in the body. Many have noted the benefits of exercise in diminishing the stress response. Studies points to the benefits of yoga. It has been recommended and studied in its relationship to stress, although the studies are less scientifically replicable. Nonetheless, several

researchers claim highly beneficial results from Yoga practice in alleviating stress and its effects. The practices recommended range from intense to moderate and relaxed asana sequences, plus pranayama and meditation .Yoga is a promising approach for dealing with the stress.

Gidean, (2004) said that when stress level goes beyond the limit, individuals find difficult to cope up with the demands of life. It is particularly more in women as stress is provoked by various factors like physical, psychological, social, familial, economical and sexual.

Leukouette, (2004) stated that stress is present to some degree in everyone's life. Everyone experiences some form of stress from time to time and normally the healthy person is able to adopt to long term stress or cope up with short term stress until it passes. Stress can place heavy demands on a person, however in all of the human dimensions and if the person is unable to adopt or cope up with the stress, it can lead to illness.

Hinn Hashmi, (2004) reported that yoga which involves gentle asana, relaxation, pranayama and meditation. The complete breathing exercise can be practiced when people start to feel stressed out. Yoga helps to calm the mind and teaches to relax. The ancient therapeutic tradition as well as modern medical research speaks about the intimate relationship between our breathing patterns and our physical, emotional, mental and spiritual health. They have shown how natural healthy respiration not only increases longevity but also supports our overall well-being and self development and helps in medical conditions.

Yoga offers many breathing skills for stress affected individuals. These yogic breathing techniques are termed as pranayama. Pranayama consists of

various ways of inhaling, exhaling and retention of prana. Pranayama is the best practice to reduce stress.

SIGNIFICANCE AND NEED FOR THE STUDY

Stress is a form of anxiety and discomfort stemming usually from lack of rest or constant exposure to high complicated situations. Stress can result from many things, both physical and psychological pressures and deadlines at work, problems with loved ones, the need to pay bills, etc are just some of the obvious matters of stress for many people.

Stress can cause fatigue, headache, irritability, and changes in appetite, memory loss, low self esteem, withdrawal, cold hands, high blood pressure, shallow breathing, nervous twitches, reduced sex desires, insomnia or other changes in sleep patterns.

Stress for many years, has been recognized as a source of physical and mental health impairment among housewives. Housewives, especially those with young children at home, are significantly more anxious and stressed because of various psychological and social factor than their counterparts. Psychological well being of housewives is often enhanced by the most stressful experiences of circumstances concerning their family roles.

Indian Statistical Report (2017) stated that recent Nielsen surveys on stress around 6,500 Indian women were selected in the study. The study revealed that the 87% of Indian women claim feeling stressed most of the time, with an additional 82% asserting that they had insufficient time to relax. The biggest stress is felt among women of 25-55 years of age, who are trying to balancing demanding careers with obligation at home.

It also said about top ten most stressed countries. The percentages indicate the percentage of women claiming to be stressed most of the time. India(87%),

Mexico(74%), Russia(69%), Brazil(67%), Spain(66%), France(65%), South Africa(64%), Italy(64), Nigeria(58%), Turkey(56%). Hence Indian women are more stressed than other countries.

National crime records bureau (NCRB) report (2016) stated that Ahmedabad the number of suicides in Gujarat has risen by 10.5% in 2008 as compared to 2007, with housewives constituting the highest percentage of published report titled accidental deaths and suicide in India. The all India average was recorded at 2.2% out of the 6,615 suicides in Gujarat among the suicidal victims(28.3%) were housewives. Among the states Tamil Nadu ranked 5th Place, where high suicide rates were recorded. Stress is the major factor for suicide. 80% of the suicide was due to depression.

Banerjee (2016) stated that, a housewife is a woman, whose main occupation is running or managing her family, home, caring for and educating her children, cooking and storing food, buying goods. The family needs in day – to- day life, cleaning and maintaining the home, making clothes for the family, and who is generally not employed outside the home. Stress for many years, has been recognized as a source of physical and mental health impairment among housewives.

Susmita, (2007) reported that in India an increase in female employment outside the home has occurred only during the last few decades, especially in urban areas. A working woman may face difficulties in attempting to fulfil the demands of both worlds, at home and outside, while a housewife may feel tired and irritated with her household chores and financial dependence. All these may cause stress for these groups of women.

Masihi, (2006) reported that housewives face traditional problems like not being able to conceive a male child, dowry, decrease in interaction between husband and children, difference in standards of living, insufficient time to relax, lack of family support and unemployment that lead to stress.

Vankar, (2005) said that housewives are having multi responsibilities in their home which adds up to the stress. There are number of factors like social, economical and psychological which could lead to stress.

Mintin, (2004) stated that depression is the most common enemy of a women whether working or a housewife. We may think housewives are having a nice time, but they may be experiencing more problems staying at home. At times, women may feel frustrated, hopeless and trapped in the monotonous daily routine. However, most of the depressions and stresses of life can be avoided with more awareness.

Robert Koch, (2000) said that housewives between the age of 30 and 50 years are especially often affected by physical, emotional and functional impairments such as sleep disorders and anxiety disorders. This is due to loss of income, loss of social contacts in the workplace or loss of social reputation.

We are living in an instant coffee world. People are too busy that they have very little time to sit and relax. Life has become more luxurious and sophisticated but stress also has become inevitable. We may think housewives are lucky as they can spend the whole day free but it is not the ease. They too have plenty to worry about household works. Yoga is an art of bringing all the elements into control; is a cost effective, non-pharmacological and safe method. By mastering the art of yoga and pranayama, one can bring the Himalayan stress down to melting glaciers. So the investigator has chosen to teach pranayama for housewives to keep their minds free from stress and help to attain higher coping level.

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3. To find out the association between the post test level of stress and coping among housewives with the selected demographic variables in experimental group.

HYPOTHESES

- H₁.** There will be a significant difference between the pre test and post test level of stress and coping among housewives, in experimental group.
- H₂.** There will be a significant difference between the post test level of stress and coping among housewives between experimental and control group.
- H₃.** There will be a significant association between the post test level of stress and coping among housewives with the selected demographic variables in experimental group.

OPERATIONAL DEFINITION

EVALUATE

In this study evaluate refers to the extent to which pranayama technique was found to be helpful in reducing the stress level and improving the coping level of housewives.

EFFECTIVENESS

In this study effectiveness refers to the reduction in the level of stress and enhancement in the level of coping after the administration of pranayama.

PRANAYAMA

In this study pranayama refers to the breathing exercises which clear the physical obstacles in our body to free the breath and release emotional tension.

STRESS

In this study stress refers to the feeling of discomfort in the body and mind which is caused by physical, familial, social, financial and sexual factors among housewives. This is measured by five point rating scale on assessment of stress.

COPING

In this study coping refers to reduction in the level of stress and improvement in the level of comfort. This is measured by Modified coping checklist.

HOUSEWIVES

In this study housewife refers to the married women residing at houses without going for work.

ASSUMPTION

- Housewives will have stress.
- Yoga is one of the complementary therapy to reduce the stress.
- Pranayama is a non pharmacological management and has no side effects.
- Pranayama will help to reduce stress and enhances the coping on stress among housewives.
- Pranayama is a less time consuming and simple method to be practiced by the housewives.

DELIMITATION

- The study is limited to housewives aged between 25-45years.
- The study is limited to six weeks of data collection.
- The study is limited to 60 samples only.

PROJECTED OUTCOME

- The study will enable to identify the stress and coping level among housewives.
- The findings of the study will help the researcher to implement pranayama for reducing the stress level and improve the coping level helps to motivate the housewives to practice the pranayama for longer period.

CHAPTER – II

REVIEW OF LITERATURE

Review is a critical summary of research on a topic of interest, often prepared to put the research problem in the correct perspective or as a basic for an implementation of project.

-Polit and Beck

Review of literature is an essential component of the research process. It is a critical examination of publication related to the topic of interest review should be comprehensives. It helps to plan and conduct the study in a systematic and scientific manner.

For the present study, the related literature was review and organized under the following:

- Literature related to stress among women.
- Literature related to stress and coping among housewives.
- Literature related to pranayama.
- Literature related to effectiveness of pranayama on stress and coping among housewives.

Literature related to stress among women.

Sayyed Meysam Dibaji, et al., (2017) conducted a comparative study to investigate in the variables of stress, Depression and perception of quantitative, Mental and Emotional home demands of working women and housewives. The

sample consists of 94 working women and 94 housewives, selected by convenience sampling technique. Researcher used perceived stress questionnaire, Beck Depression II and home demand questionnaire. The statistical analysis revealed that there was a significant association in the level of stress among the housewives ($t=0.22$) when compared to the working women.

Harilala., Santhosh V A, et al., (2017) conducted a comparative study on stress levels among working women and housewives and the factors leading them to stressful situations. The sample consists of 90 working women and 90 housewives. Probability sampling method was used. Researcher used self administers questionnaire. Stress level was measured by General role stress scale. The statistical analysis shows that stress levels are high for working women when compared with housewives, and both of them have a relationship. The stress levels of women (both housewives and working women) and financial position of their family have a relationship. Stress is a part of human life; sometimes it can motivate us and help us to become more productive. Stress will increase our ability to be alert, productive, energized and face challenges and dangerous situations. But too much stress is harmful to us. This stress will create tension, anxiety, fatigue and burnout. In order to avoid stress from negatively impacting our lives, we need to increase knowledge about stress and also use stress management techniques. The study offers insights to working women and housewives to understand the determinants of stress. It will also help organisations and spouses in effective management of women's dual role in work and personal life.

Sreevani. R, (2017) stated that, stress is the “non specific response of the body to any kind of demand made upon it “. A stressor is any person or situation that produces anxiety responses. It includes environmental stressors,

physiological stressors, social stressors and thoughts. She has explained about the models of stress such as stimulus based model, response based model and transaction based model through the coping resources the person can cope up the stress. The common adaptive coping techniques are problem solving, positive self talk and self acceptance, conflict resolution and community living skills. The coping strategies are four, Such as Adaptive, Palliative, Maladaptive, Dysfunction which help into management of the stressors and the emotional problems.

Tapesh Chandra Gupta, et al., (2016) conducted a study to investigate the level of stress of working women and non working women of different age. The sample consisted of women (30 working and 30 non working) of young 25 to 35 yrs of age, middle 45 to 55yrs of age groups. A two variety 2.2 factorial designs was used with two levels of working status and two levels of age. Stress level was measured by Singh personal stress source inventory development by Arun Kumar Singh 2004. The result reveals that when working and non – working women are young then both are having same levels of stress, but as their age increases non – women mostly remain restricted to home and working women’s experience of exposure to outer world increases. when they reach to old age, non- working women’s level of stress increases and working women’s level of stress decreases. It shows that at old age level of working and non-working women’s stress level is low and high respectively. The researcher concluded that Non- working feel more stress than working women.

Kanta Devi (2016) conducted a study to compare the level of stress and association among working and non working women residing in sector 15, Chandigarh. 500 samples were selected by convenient sampling technique. A stress scale was prepared on the basis of scores to assess the stress level and

categorized them. The data obtained was analyzed in terms of objectives and hypothesis using descriptive and inferential statistics. The study revealed that the stress level was higher in non working women as compared to working women. There was significant association between stress level and age of the participants among working and non -working women. The association between stress level and marital status there was non-significant association between among working women but significant association among non working women. The association between stress level and type of family revealed significant association among working women and non- significant association among non working women. The association between stress level and education level revealed non-significant association among working women and significant association among non-working women. The association between stress level and family income revealed significant association among working women and non-significant association among non-working women.

Dr. Shashi Kala Singh (2014) conducted a study to assess the life satisfaction and stress level among working and non working women. A sample of 200 women (100 working & 100-non working women) was drawn randomly from the population. Life Satisfaction Scale by Alam & Srivastava (1996) and stress scale by Singh (2004) were used for data collection. Means, standard deviation, 't' test and correlation were the statistics calculated. The results indicated that there was significant difference regarding life satisfaction and stress between working and non-working women. Results revealed that working and non-working women differed significantly on their life satisfaction ($t=5.52$). Working women were more satisfied with their life; on stress scale non-working women have higher level of stress as compared to working women. A significant negative relationship was found between life satisfaction and stress.

Amanapreet kaur(2013) stated that, stress is a universal phenomenon. Stress is a physiological or psychological tension that threatens homeostasis or person's psychological equilibrium. It has 2 types like positive stress and negative stress. Stress cycle include lose control, negative feelings, self esteem drops, relationship deteriorates, try harder. It is classified into physiologic and day to day stressors. The power sources are conflict, unemployment, frustration and life's little hassles. The symptoms are dilated pupils, diaphoresis, increased heart rate, anger, depression. The stress will cope up by physical skills like breathing exercises, progressive relaxation, stretching exercises and the mental skills are meditation, social diversion and physical skills.

Pawan Sharma (2013) stated that, stress has been defined as a real or perceived threat to the physiological or psychological and behavioral response. The stressors are internal or external. The type of stress includes eustress or positive stress, distress or negative stress. The models are the general adaptation syndrome and the unified stress model. Adequate coping mechanisms to the activating stimulus to quick adaptation and restoration of homeostasis. Then inadequate coping mechanisms lead to lock of or breakdown in adaptation.

Shebeer B. Basheer (2012) stated that, stress can lead to negative or counterproductive feelings or threaten emotion well being. Precipitating the changes is called stressors. The characters are natural, protective and adaptive, limits in ability to compensate. It involves the general adaptation syndrome. The management for stress is regular exercise, humor, nutrition, and diet rest and relaxation techniques.

Mary C. Townsend (2012) stated that, stress defined as adaptive response behavior that maintains the integrity of the individual, stress as a biological response, environmental event and transaction between the individual and the

environment, the predisposing factors are genetic influences, past experiences and existing conditions. The stress management is coping strategies. The adaptive coping strategies such as awareness relaxation meditation, interpersonal communication with caring other, problem solving, pets and music.

Literature Related to Stress and Coping among Women.

Stewart A.J, et al., (2015) conducted a study to investigate the relationship between life stress, depression and physical illness among females in India. The sample size was 122. The life stress and depression was measured by modified life changes questionnaire. Results indicate that life stress was associated with both illness and depression but that both type of stress and life style were important moderators of these relationship. Thus, work stresses were associated with illness (depression), and the relationship between life stress and illness was strongest among work-centred women. Family stresses were associated with depression (not illness), and the relationship between life stress and depression was strongest among housewives.

Dr. V.H. Asudani, et al., (2014) conducted a comparative study on the impact of stress level and their coping strategies on female college teachers and female home makers in Nagpur. The total sample of this study considered of 100 women, 50 women college teacher and 50 home makers. Researcher used Ardell wellness stress test and coping strategies inventory by David L Tobin. This study has been carried out to find out the difference between college female teachers and female home worker with regard to their stress and coping strategies. This revealed that females have to balance their family and professional roles that can trigger higher level of stress in them.

S.K Itagi, (2009) conducted a study on relationship between stress, health status and emotional competence among housewives in Karnataka. The total sample size was 105. All the samples were between the age group of 35-50 years. Stress index questionnaire developed by Ivancevich was used to assess the stress level, emotional competence was assessed by using emotional competence scale developed by Bharadwaj and health status questionnaire developed by Wig. The result revealed that majority of housewives indicated average to competent level of emotional competence (89.5%), high stress level (24.3%) and mild affection in the health status (92%). There was an increase in the emotional competence which reduces the stress levels and health problems among housewives.

Aujla.P, et al., (2008) conducted a study to examine the factors contributing to stress among non-working women in Bharat Nagar, Karnataka. The sample size was 75. The data were collected through personal interview schedule method. Among 75 samples, 15(26%) of them had stress due to sociological factors, 14(18%) of them had stress because of environmental factors, 33(30%) of them had stress due to physical factors and 13(26%) of them had stress due to mental factors. They found that various factors like sociological factors, environmental factors, physical factors and mental factors which have been contributed stress among non working women.

Gill & Aujla, (2006) conducted a study to examine psychological and physiological stressors among working women and non working women. Data were collected from 75 working and non working women from four localities of Ludhiana city. Results indicated that common factors of stress in both categories were unfinished tasks, compulsion of doing disliked activities, death of close relatives, and improper sleep. In working women, stressors were 'pleasing others,

(M=0.92) and overburden of work (M=1.04), where as in non working women stressors were 'working women posture, (M=0.97) and noninvolvement decision making by family (M= 1.02). The study showed that working women were more stressed as compared to nonworking women. In another study Aujla et al. (2004) observed similar finding. In contrast Beja jr (2012) observed that employed women tended to report higher subjective well - being and happiness than housewives.

Paul J. Rosh, (2005) conducted a study to assess the effect of stress among non working women and men. The sample size was 150, in that 75 samples were male and 75 samples were female. All the samples were between the age group of 45-64 years. The mean psychosocial score for male were 2.37 and for women were 2.53. The study revealed that the non working women consistently demonstrated the highest scores in tests for the presence of psychosocial stress factors than men.

Alan D. Berkowitz, (2004) conducted a study to examine the stress among rural women in selected community, Pune. The sample size was 126 and samples were administered by questionnaire to measure the stress symptoms, husband support and social support, home task loads. A path analysis was utilized to assess the relative contribution to stress of work and family related variables. The results indicated that 45% of women had lack of husband support, 36% of women had lack of social support and 19% of women had increased work load. So they proved that all these three factors are contributing to stress among rural women.

Literature Related to Pranayama

Stevie Jae Hepbrun, et al., (2017) conducted an exploratory mixed method study to pranayama meditation (yoga breathing) for stress reduction among teachers. The sample size was 102 and researcher selected the samples through the purposive sampling Technique. They conducted daily 60 minutes. The perceived stress scale was administered. A score of 20 or above is considered a high stress score. Three of the participants were classified in the high stress range at the onset of the course and others were below the average at the conclusion of five weeks course. The scores ranged from 16(pre-course) and 9 (post – course). Findings indicated that the participants experienced a decrease in their perceived level of stress after pranayama meditation.

Pelka, M. et al., (2016) conducted a systematic application of individualized relaxation techniques on sports science students (age 25.22 ± 1.08 years; sports participation 8.08 ± 3.92 h/week). The students were randomly assigned to series of progressive muscle relaxation, systematic breathing, powder nap, yoga, and a control condition. Once a week, over the course of five weeks, their repeated sprint ability was tested. Tests (6 sprints of 4 seconds each with 20 seconds breaks between them) were executed on a non-motorized treadmill twice during that day intermitted by 25 min breaks. Results revealed significant interaction effects between the relaxation conditions and systematic breathing led to better performances, and therefore, seems to be suited relaxation method during high-intensity training.

Meher Arati, et al., (2015) conducted a study to assess the effect of yoga (Asana and pranayama) on serum Lipid Profile in normal healthy volunteers. The sample size was 62 healthy volunteers of yoga school in sembalpur between the age of 20-60 years. Out of them 37 were men and 25

were women. The lipid profile was observed prior to initiation yoga training and after 6 month, 1 year and 2years of yoga training. The results of the present study indicate the yoga (Asana and pranayama) helpful in preventing lipid metabolic disorder. Again prolonged duration of yoga does not provide any ill health rather it maintains serum lipid profile within the normal range.

Denny Babu, (2013) conducted a study to determine the effectiveness of pranayama on stress among 1st year b.sc Nursing student in Bangalore. All the samples were between the age group 17-22 years. Self administer questionnaire was provided to assess the physical and social wellbeing before and after the practice of pranayama. Samples attended pranayama session for 6 months. It is concluded that pranayama can improve the physical and social wellbeing.

Kavitha. A, (2010) conducted a study to assess the effectiveness of pranayama on stress and coping among adolescent girls in Tamil Nadu. Researcher selected 40 samples through simple random sampling technique. Samples were between the age group of 17-22years. Researcher used self administered questionnaire with four point rating scale to assess the level of stress. Researcher found that after giving pranayama majority of the samples had mild stress 31 (77.5%) and 9 (22.5%) samples had moderate stress in psychological factors. In physical factors 33(82.5%) had mild stress and 7(17.5%) of samples had moderate stress.

Shri. Jeyasathiyaseelon, (2010) conducted a study to assess the effectiveness of pranayama on stress among adolescence girls in Pondicherry. The level of stress was assessed through the perceived stress scale before and after intervention. Researcher selected 30 samples through randomization. Samples were instructed to perform pranayama for 5 minutes at the rate of 6 breaths per minutes. Pranayama produced a significant ($t=7.67$) reduction in

stress from 16.28 ± 3.09 to 12.32 ± 2.49 . This study concluded that pranayama is effective in reducing the level of stress among adolescence girls.

Ratna Sharma, (2009) conducted a study to assess the effectiveness of pranayama on subjective wellbeing among normal and diseased subjects in Integral clinic, New Delhi. The present study was a prospective controlled study to explore subjective wellbeing. Normal healthy individuals and subjects having hypertension, coronary artery disease, diabetes mellitus or variety of other illness were included in the study. The outcome measures were measured. The subjective wellbeing inventory scores taken on the first and last day of the course. The inventory consists of questions related to one's feeling and attitude about various areas of life, such as happiness, achievement and interpersonal relationship. There was significant improvement in the subjective wellbeing scores of the 77 subjects within a period of 10 days when compared to controls. It was concluded that pranayama was effective in the improvement of subjective wellbeing.

Ashok. S, (2007) conducted a study to assess the effectiveness of pranayama on physical and psychological wellbeing among young adult in Sivakasi, Tamil Nadu. Researcher selected 107 samples (44 males and 63 females). Self administer questionnaire was provided to assess the physical and social wellbeing before and after the practice of pranayama. Samples attended pranayama session for 6 months. There was a significant improvement in psychological well-being from 76.87 ± 6.78 to 80.76 ± 7.89 and physical well-being from 56.64 ± 6.43 to 63.34 ± 6.98 . It was concluded that pranayama can improve the physical and social wellbeing of young adult.

Sushil S Khemka, et al., (2005) conducted a study to evaluate the effects of yoga practices on variables like sustained attention, emotional intelligence,

general health and personality among yoga practitioner. The study was a pre-post intervention study. The variables were measured at the beginning and at the end of a one-month yoga course. There was no control group. The study was carried out at Swami Vivekananda Yoga Anusandhana Samsthana (S-VYASA) University, in its rural campus south of Bangalore. Based on health criteria, 108 subjects were selected out of 198 volunteers to form the experimental yoga group. The ages ranged from 17 to 63 years. The yogasanas (postures), pranayama (breathing exercises), relaxation techniques, meditation, chanting and lectures were the components of yoga intervention. The variables measured were sustained attention, emotional intelligence – EQ, general health – GHQ, and personality. Significant pre-post changes were found in all variables. Significant correlations were found between the following pairs: The two sustained attention variables; emotional intelligence and general health; GHQ and personality. The results shows that there were significant changes in all variables($p < 0.01$) except in sattva, It also confirms that EQ and general health variables correlates significantly with each other and negatively with tamas. This suggests that, by improving guna personality, long term yoga practice may stabilize EQ.

Ramadoss. R, (2005) conducted a study to assess the effectiveness of yoga for reducing stress and improving self-control in young adult in Oakland. The sample size was 50 and researcher selected the samples through the method of random sampling. They conducted daily 60 minutes Transformative Life Skills programme (TLS) which includes yoga, pranayama and meditation. Additionally a condensed 15 minute TLS protocol was implemented. The effectiveness of TLS was evaluated using the perceived stress scale and Tangney's self control scale. Statistical analysis revealed. That significant reduction of stress from 52.24 ± 6.14 to 49.17 ± 5.90 and improvement in self

control from 54.5 ± 6.21 to 56.54 ± 7.54 which indicates a significant improvement in stress self control and self awareness among young adult.

Literature Related to Pranayama on Stress and Coping among housewives

Moon Banerjee (2016) conducted a quasi experimental study to evaluate effectiveness of relaxation techniques on management of stress among housewives .Based on the purposive sampling technique 30 housewives and their socio demographic profile was noted. Kinder stress assessment inventory was presented to the housewives. Then steps of relaxation techniques were administered to the housewives and they were instructed to practice daily for 4 weeks. After the completion of 4 weeks, the somatic symptoms, psychological symptoms and stress resilience were again assessed with the help of kindler stress assessment stress inventory. The statistical analysis showed that significant decrease ($t=16.39$) in stress from pretest (42.03 ± 3.47) to posttest (30.06 ± 2.03).The result shows that there is a reduction in the level of stress among the housewives after applying relaxation techniques.

Anuraj Joshi, (2016) conducted a study to evaluate the wellbeing of women through Nadi shodan pranayama training in Punjab. Researcher selected the group of women who volunteered to practice pranayama for three months. For that he applied the introspection method of psychology and analyzed the various traits related to wellbeing of the group on Likert's five point psychometric scales before and after applying this technique. The researcher observed that 75% of the subjects gained in terms of feeling healthy, 80% in terms of memory recall, 75% in terms of mental stress relief and 90% in terms of physical relaxation. The researcher proved that pranayama is highly effective for stress reduction, physical wellbeing, and psychological wellbeing.

Neha S Patel, et al., (2014) conducted a study to evaluate the effect of aerobic exercise on psychological well-being of house wife. The sample size was 60 and researcher selected the samples through the method of random sampling. The aerobic exercise was conducted 60 minutes per day. After 12 weeks of aerobic exercise program, group showed a significant improvement in the pre and the post aerobic training, Psychological General well-being Index scores, decrease in the perceived stress score and improvement in Sleep Quality Index score. That significant reduction of stress from 15 ± 2.16 to 10.73 ± 0.907 and Psychological and general well – being level from 69.03 ± 4.92 to 79.03 ± 2.97 , sleep quality index score level from 4.93 ± 1.08 to 3.31 ± 0.46 . There was a statistically significant decrease in the perception of stress and improvement in the Psychological and general well-being and decrease in sleep disturbance in aerobic group as compared to control group.

Thorn, (2011) conducted a study to assess the effectiveness of pranayama on stress among married women in Northampton. For that researcher selected 75 samples randomly. Participants were between the age group of 30-50 years. Researcher examined the efficacy of five minutes yoga intervention .It explores the benefits of self care and stress reduction for married women. Participants engaged in a two week study in which they were asked to rank their stress before and after the yoga intervention. Findings supported the stress reduction benefits of the pranayama intervention for the participants.

Kuppusamy. P, (2011) conducted a study to assess the effectiveness of deep breathing exercise to reduce the level of stress among housewives in Bangalore. Researcher selected 60 samples through the random sampling technique. Researcher used modified structure questionnaire with four point rating scale. The statistical analysis showed that significant decrease ($t=6.041$) in

stress from pretest (37.39 ± 6.09) to posttest (30.28 ± 4.4). The result obtained that the stress has reduce after practicing breathing exercise among housewives.

Nagendra. R, et al., (2008) conducted a study to assess the effectiveness of pranayama on stress among pregnant women in Bangalore. Researcher selected 122 healthy women between the 18th and 20th week of pregnancy through randomization. Stress level was assessed before starting intervention by using perceived stress scale. Participants were engaged with breathing exercise one hour daily for four months. Researcher found that in the 36th week of pregnancy participants had mild stress, compared with values obtained before practice breathing exercises. So it concluded that pranayama reduces stress in healthy pregnant women.

Bhimani N.T, et al., (2007) conducted a study to assess the effectiveness of pranayama on stress among women in Pune, India. The samples were between the age group of 40-50years. The sample size was 59. Stress questionnaire was administered to assess the level of stress. This was followed by practice of pranayama for 2 months, 1 hour per day and again stress questionnaire was administered to assess the stress level. The statistical analysis showed that significant decrease ($t=2.061$) in stress from pre-test (32.59 ± 6.1) to post-test (31.28 ± 5.4). The results obtained that the stress level has reduced after two months of practicing various pranayama as evident by decrease in total stress score which is highly significant.

Sridhar R, (2006) conducted a study to assess effectiveness of pranayama on stress among women. The level of stress was assessed through the structured interview schedule before and after the intervention. The researcher selected 20 samples through the randomization. Samples were instructed to perform pranayama for 10 minutes twice a day. Statistical analysis revealed a highly

significant ($p < 0.001$) reduction in mean stress from 19.33 ± 1.77 to 16 ± 1.67 . The obtained 't' value was 8.56. So this study concluded that pranayama is effective for reducing the level of stress among women.

Jona, (2003) conducted a study to assess the effectiveness of Nadi Sudi pranayama on psychological well-being among non working women in Karnataka. Psychological well-being was assessed through the structured interview scale before and after intervention. Through randomization he selected 26 samples were selected. Samples were instructed to perform Nadi Sudi pranayama for 5 minutes in sitting position twice a day. There was a significant ($p < 0.001$) improvement in psychological well-being from 21.5 ± 2.78 to 23 ± 3.2 . The obtained 't' value was 8.24. So the study concluded that Pranayama is effective in reducing the level of stress among non working women.

CONCLUSION

The above review of literature shows that the pranayama is very effective to reduce the stress level and improving coping level among the housewives.

CONCEPTUAL FRAME WORK

Conceptual framework for research study presents the measurement on which the purposes of the proposed study are based. The framework provides the prospective from which the investigator views the problem. The study was designed to evaluate the effectiveness of pranayama on stress and coping among housewives.

The study was based on the concept of practicing pranayama on stress and coping among housewives. The investigator adopted the Modified Imogene king's Goal Attainment Theory (1960). The theory is based on the assumption that humans are open systems and who are having constant interaction with their environment. The major concepts in this theory of goal attainment are interacting, perception, communication, transaction, role, stress, growth and development, time and space.

The definitions of these concepts are as follows:

Interaction

In 1981 king proposed an open system model as a basis for her goal attainment theory. According to king all systems are open in that there is a continual exchange of matter energy and information. Open system has been verified degree of interaction with the input and gives feed backs. In this study the nurse explains the pranayama and gets their consent for research.

Perception

According to Imogene M. King, it is the primary features of the personal system because it influence all the other behaviors, refers to a person's

representation of reality. In this study, the housewives with different demographic variables (age, education, occupation of husband, monthly income, religion, type of marriage, duration of marital life in years, number of children, and type of family and bad habits of the husband such as smoking and alcoholism) which influence their behaviors related to pranayama.

Communication

It is defined as “a process whereby information is given from one person to another either directly in face- to- face meetings or indirectly through telephone, television, or the written word.” this study the nurse presents explanation and demonstration about pranayama technique to the study participants directly by face to face meeting.

Transaction

It is a process of interaction in which human begins communicate with the environment to achieve goals that are valued; transaction are goal – directed human behaviors, In this study the study shows that there was a significant reduction of stress and improving coping level in housewives.

Feedback

Feedback refers to environmental responses to the systems. Transaction used by the system in adjustment, correction and accommodation to the interaction with the environment. In the present study the effectiveness of Pranayama as an output process, this would show possible reduction in the level of stress and improve the level coping among housewives. The Transaction was categorized under the four grading to assess the level of stress such as very low stress, mild stress, moderate stress and severe stress and for coping, low level of

coping, moderate level of coping and high level of coping. Samples with moderate stress, severe stress and low level of coping will receives intervention again and post test will conducted again after the completion of prescribed interventional period.

The model King's Goal Attainment, the best suited for this study which was undertaken to determine the effectiveness of Pranayama among housewives.

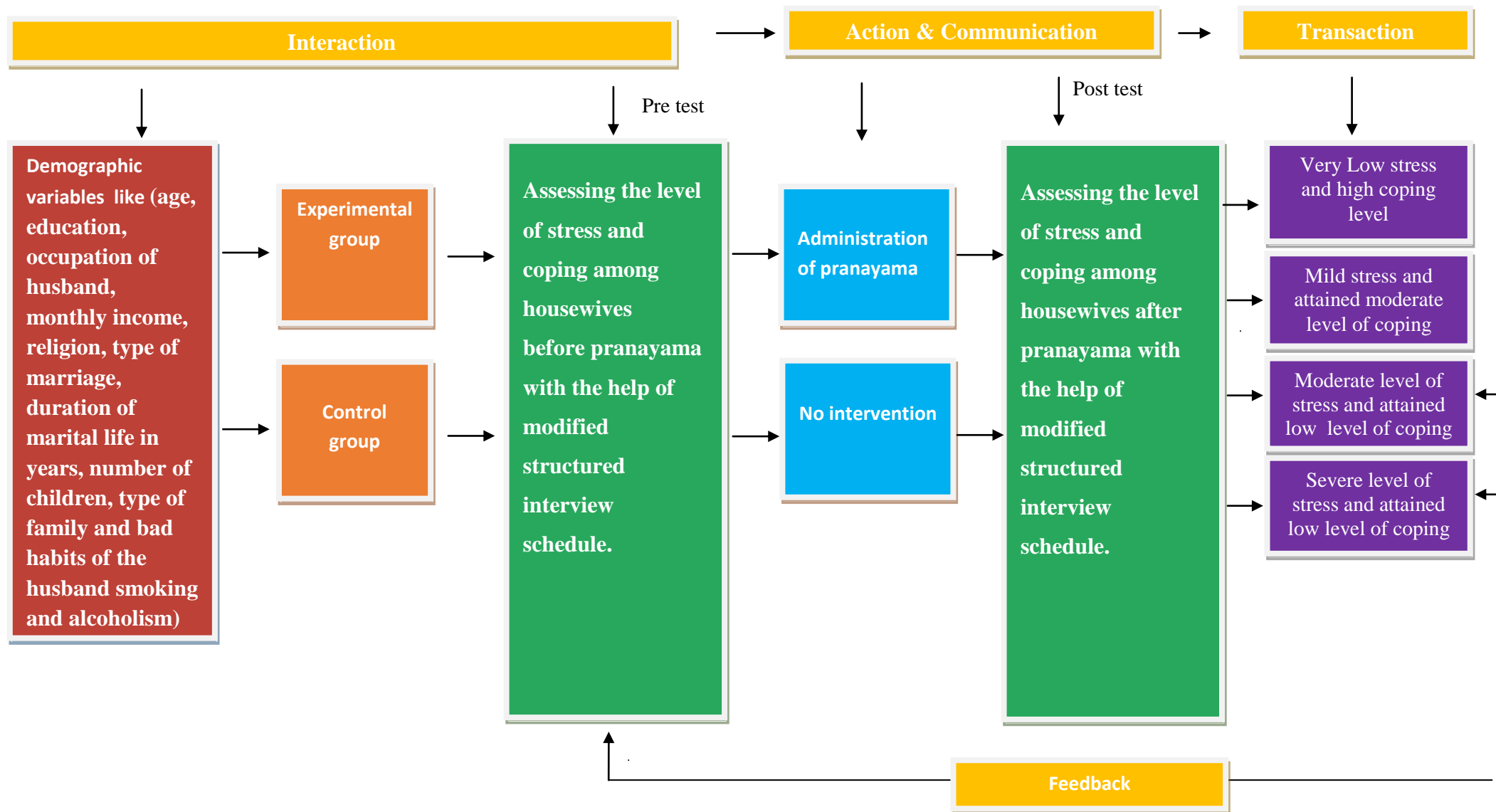


Figure1: The Conceptual Framework Based on Modified King's Goal Attainment Theory (1960).

CHAPTER III

METHODOLOGY

Methodology of research refers to their investigator of the ways obtaining organizing and analyzing methodology data. Studies address the development validation and evaluation of research tools and methods.

-Polit and Beck

This Chapter describes the methodology followed to evaluate the effectiveness of pranayama on stress and coping among housewives.

This phase of the study included research approach, design, the setting population, sample size and sampling technique, inclusive and exclusive criteria for selection variable, development and description of tools, data collection and plan for data analysis.

RESEARCH APPROACH

A Quantitative research approach was adopted by the researcher to evaluate the effectiveness of pranayama on stress and coping among housewives.

RESEARCH DESIGN

Quasi experimental, pre- test, post- test, control group design was adopted for this study.

E	O1	X	O2
C	O1		O2

- E - Experimental group
- C - Control group
- O1 - Assessment of Pre test level of stress and coping among housewives in experimental group and control group
- O2 - Assessment of Post test level of stress and coping among housewives in experimental group and control group.
- X - Administration of Pranayama.

VARIABLE

INDEPENDENT VARIABLE: Pranayama

DEPENDENT VARIABLE: Level of Stress and coping among housewives.

SETTING OF THE STUDY

This study was conducted in Attangudi and Maravapatty in pudukkottai District. The distance between the college and the area was 5km. The reasons for selecting this area were availability of samples, expectation of cooperation from the community people for collection of data. Health care delivery system to these areas is provided by both government and private agencies. Health care services are also provided by primary health center of Perungalur PHC. The perungalur primary health centre includes clinic services, home visits, health education, school health programme and referral services.

POPULATION

The population for this study was housewives in Attangudi and Maravapatty.

TARGET POPULATION

The target population of the study was housewives with stress.

ACCESSIBLE POPULATION

The accessible population of the study was the housewives with stress, who were residing in the Attangudi and maravapatty.

SAMPLE

Housewives with stress residing in Attangudi and maravapatty, who fulfilled the inclusion criteria.

SAMPLE SIZE

Sample size for the study consists of 60 housewives. 30 samples were assigned to experimental group and 30 samples were in control group.

SAMPLING TECHNIQUE

Non probability purposive sampling technique was adopted for this study.

CRITERIA OF SAMPLE SELECTION

INCLUSION CRITERIA

Housewives who were,

- Housewives with stress.
- Between the age 25-45 years.
- Available at the time of data collection.
- Willing to participate in this study.

EXCLUSION CRITERIA

Housewives who were

- Having any breathing problem.
- Practicing any other relaxation technique.
- Antenatal and postnatal mother.

DESCRIPTION OF TOOL

The research tool was developed by doing extensive literature review. The primary and secondary sources of literature were reviewed to develop an appropriate tool. Guidance of experts has given their opinion and valuable suggestions to develop the research tool. The data collection tool consisted of three sections. Both subjective and objective measures were incorporated in the research tool.

SECTION- A:

DEMOGRAPHIC VARIABLES

The demographic variables comprised 10 items such as age, education, occupation of husband, monthly income, religion, type of marriage, duration of marital life in years,

number of children, type of family and Bad habits of the husband (Smoking and alcoholism).

SECTION-B:

Structured Interview Schedule to Assess the Level of Stress (modified tool based on Singh personal stress source inventory and Cohen perceived stress scale)

The tool comprised of 30 items under six factors such as physical, psychological, financial, familial, sexual and social factors. The questions were on five point rating scale form. Each item had a score between 0-4 depending on the level of stress and that was interpreted as never- 0 almost never -1, occasionally-2, often-3 and always-4. The minimum and maximum scores were 30 and 120 respectively.

SCORING PROCEDURE AND SCORING INTERPRETATION

The structured questionnaire consisted of 30 items. The total score was converted into percentage and the resulting score was categorized as follows.

Level of stress	Score	Percentage
Very low stress	1-30	1-25%
Mild stress	31-60	26-50%
Moderate stress	61-90	51-75%
Severe stress	91-120	76-100%

SECTION-C:

Structured Interview Schedule to assess the level of coping (modified tool based on Rao & prabhu)

It comprised of 20 items. Each item had two response 'Yes' or 'No', the score was interpreted as 1 and 0 respectively. The minimum and maximum scores were 0 and 20 respectively. The score interpretation was done as follows:

Level of coping	Score	Percentage
Low level of coping	0-7	0-35%
Moderate level of coping	8-13	36-65%
High level of coping	14-20	66-100%

VALIDITY AND RELIABILITY OF THE TOOL

VALIDITY

The validity of the tool was established by consultation with guide and five experts in the field of mental health nursing, one in the field of psychiatrist, one in the field of yoga master and one in the field of statistician. The experts were requested to check the relevance of the tool. The tool was modified according to the suggestions and recommendations given by them.

RELIABILITY

Reliability of the tool was estimated in the study by using the test and retest method. The test retest value was found to be $r = 1$ and the tool was found to be reliable.

PILOT STUDY

A pilot study was conducted at rural community area, sivapuram and pusathurai, pudukkottai for a period of one week. A total 6 samples of stress with housewives were selected (3 experimental group and 3 control group.) The sample was selected by purposive sampling technique. Informed verbal consent was obtained from the samples. The pretest was conducted and the samples were demonstrated about Pranayama in a calm and quite environment. Each day the samples were made to practice Pranayama for about 30 minutes in the evening in the presence of the researcher. The researcher conducted the post test on the 7th day of intervention. The data analysis was done with descriptive and inferential statistics. There was no modification done in the study and the pilot study samples were excluded from the main sample for the data collection. The data collection was amenable to statistical analysis and thus the study was found to be feasible and practicable.

DATA COLLECTION PROCEDURE

The study was conducted at Attangudi and Maravapatty, in pudukkottai. Prior Permission was obtained from the higher authority for conducting the study. In the beginning survey was done from which samples were selected by purposive sampling technique based on sampling criteria. Introduction about investigator was given to samples. Verbal consent was obtained and confidentiality was assured.

The pre test was conducted. Researcher selected 30 samples through purposive sampling technique. Structured interview schedule was used to assess the level of stress and coping of the samples. The time taken by the researcher to complete the tool for each sample was 10-15 minutes. The samples were asked to choose the response from the given options. After the pre test samples were demonstrated about Pranayama in a calm and quite environment daily. The duration of the procedure was 30 minutes. The samples were made to practice the technique daily in the presence of researcher. The post test was done on the 7th day of intervention.

ETHICAL CONSIDERATION

The dissertation committee prior to the pilot study approved the study. Permission was obtained. The verbal consent was obtained from each participant of study before starting data collection. The housewives with stress were informed that confidentiality will be maintained.

PLAN FOR DATA ANALYSIS

- The collected data were arranged and tabulated to represent the findings of the study. Both descriptive and inferential statistics were used.
- Frequency and percentage distribution was used to analyze the demographic variables.
- Mean and standard deviation was used to analyze the level of stress and coping.
- Paired “t” test and unpaired “t” was used to find out the difference between pre test and post test of the experimental group and control group.
- Chi square test was used to find out the association between post test score on level of stress and coping among housewives in experimental group with the selected demographic variables.

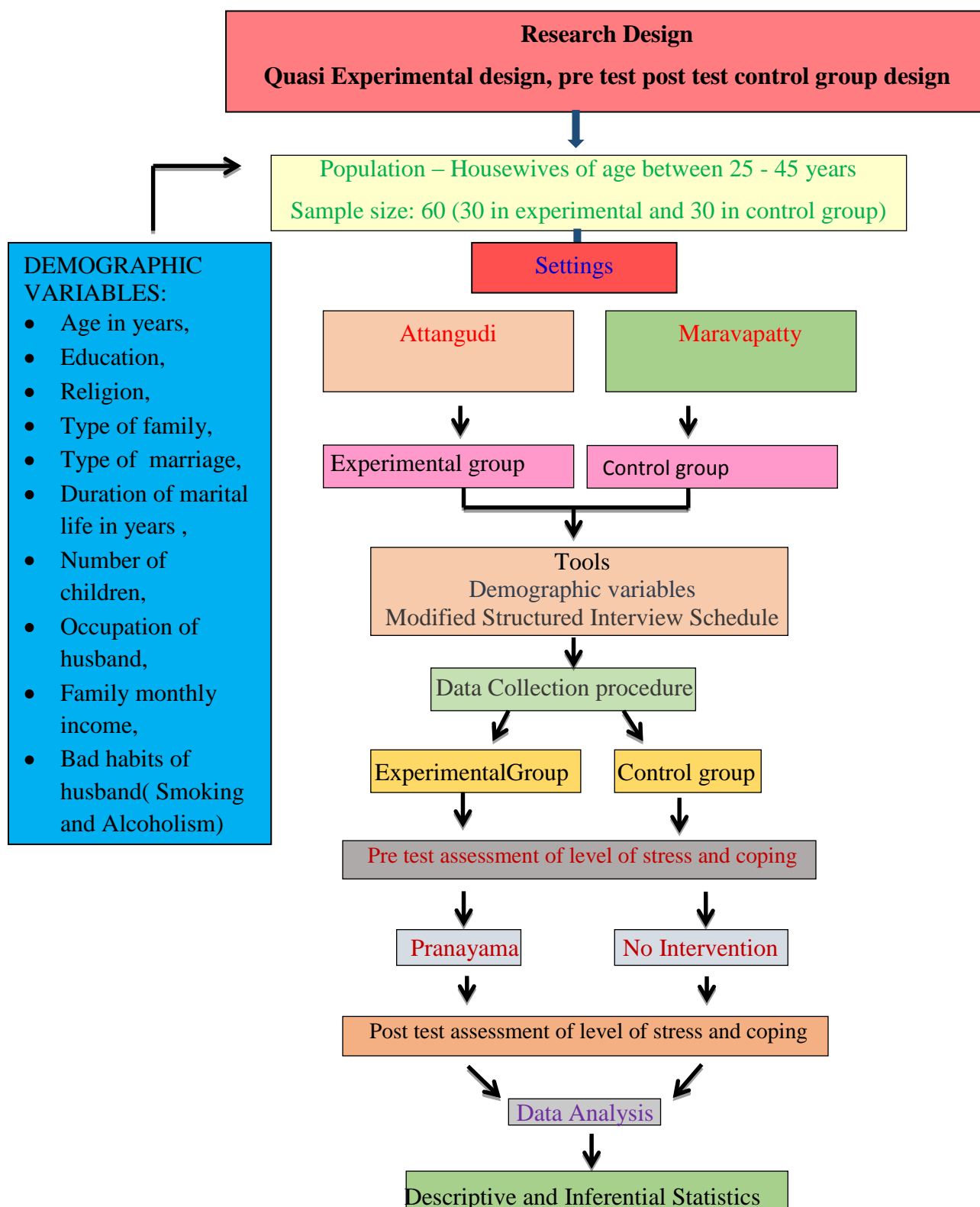


FIG:2 SCHEMATIC REPRESENTATION OF THE RESEARCH METHODOLOGY

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of the data collected from 60 housewives in selected community area, Pudukkottai.

The data collected was organized, tabulated and analyzed according to the objectives. The findings based on the descriptive and inferential statistical analysis were presented under the following sections.

OBJECTIVES

1. To assess the pre test and post test level of stress and coping among housewives in experimental and control group.
2. To evaluate the effectiveness of pranayama on level of stress and coping among housewives in experimental group
3. To find out the association between the post test level of stress and coping among housewives with the selected demographic variables.

ORGANIZATION OF DATA

Section A: Description of demographic variables of the housewives in experimental and control group.

Section B: Assessment of the pre test and post test level of stress and coping among housewives in experimental and control group.

Section C: Comparison of pre test and post test level of stress and coping among housewives in experimental and control group.

Section D: Association of post test level of stress and coping among housewives with the selected demographic variables in experimental group.

SECTION A: DESCRIPTION OF DEMOGRAPHIC VARIABLES OF THE HOUSEWIVES IN EXPERIMENTAL AND CONTROL GROUP.

Table 1: Frequency and percentage distribution of demographic variables of the housewives in experimental and control group.

N=60(30+30)				
Demographic Variables	Experimental Group		Control Group	
	Frequency	Percentage	Frequency	Percentage
	(n)	(%)	(n)	(%)
Age in years				
25 - 30 years	4	13.3	3	10
31 - 35 years	6	20	7	23.3
36 - 40 years	13	43.3	12	40
41 - 45 years	7	23.3	8	26.6
Education				
No formal education	2	6.7	12	40
Primary	8	26.7	3	10
Higher secondary	15	50	7	23.3
Graduate	5	16.6	8	26.7
Religion				
Hindu	25	83.3	24	80
Muslim	2	6.7	3	10
Christian	3	10	3	10
Others	0	0	0	0
Type of family				
Nuclear family	10	33.3	5	16.7

Joint family	20	66.7	25	83.3
Extended family	0	0	0	0
Type of marriage				
Consanguineous	12	40	5	16.7
Non Consanguineous	18	60	25	83.3
Duration of marital life				
1-5 yrs	2	6.7	1	3.3
6-10 yrs	22	73.3	7	23.3
11-15yrs	6	20	12	40
>15 yrs	0	0	10	33.3
Number of children				
No children	0	0	0	0
One	13	43.3	7	23.3
Two	14	46.7	7	23.3
Above2	3	10	16	53.3
Occupation of husband				
Government job	8	26.7	2	6.7
Private job	11	36.7	5	16.7
Business	7	23.3	10	33.3
Coolie or daily wages	4	13.3	13	43.3
Family monthly income				
Less than Rs. 5000	13	43.3	11	36.7
Rs. 5001- 8000	12	40	7	23.3
Rs. 8001- 11000	3	10	8	26.7
Above Rs. 11000	2	6.7	4	13.3

Bad habits of husband.(smoking and alcoholism)				
Yes	23	76.7	24	80
No	7	23.3	6	20

The table 1 reveals that in the experimental group, majority 13(43.3%) were in the age group of 36 – 40 years, 15(50%) had Higher secondary education, 25(83.3%) were Hindus, 20(66.7%) were belongs to joint family, 18(60%) were in non consanguineous marriage, 22(73.3%) of them had 6-10 years duration of marital life, 14(46.7%) had two children, majority 11(36.6%) of their husband had private job, 13 (43.3%) had family monthly income less than Rs.5000 and 23(76.6%) of their husbands had bad habits.

Where as in the control group, majority 12(40%) were in the age group of 36 – 40 years, 12(40%), had no formal education, 24(80%) were Hindus, 25(83.3%) were belongs to joint family, 25(83.3%) were in non consanguineous marriage, 12(40%) of them had 11-15 years duration of marital life, 16(53.3%) had above two children, majority 13(43.3%) of their husband were coolies, 11 (36.7%) had family monthly income less than Rs.5000 and 24(80%) of their husbands had bad habits.

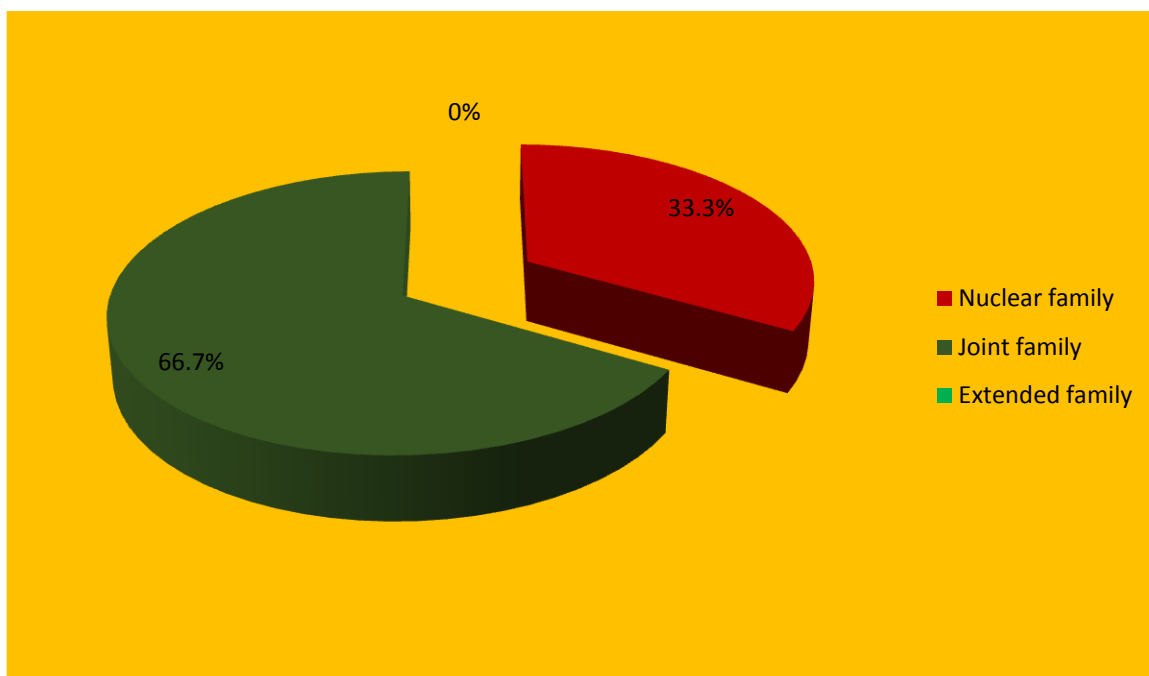


Figure 3: Percentage distribution of type of family among housewives in the Experimental group.

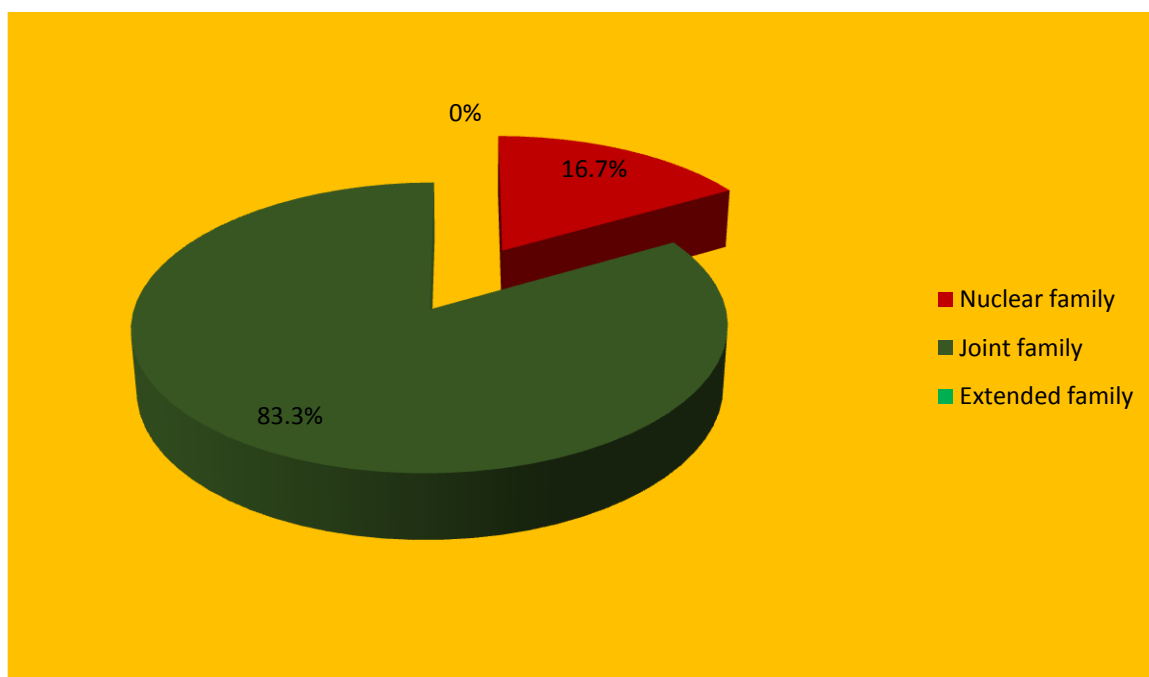


Figure 3: Percentage distribution of type of family among housewives in the control group.

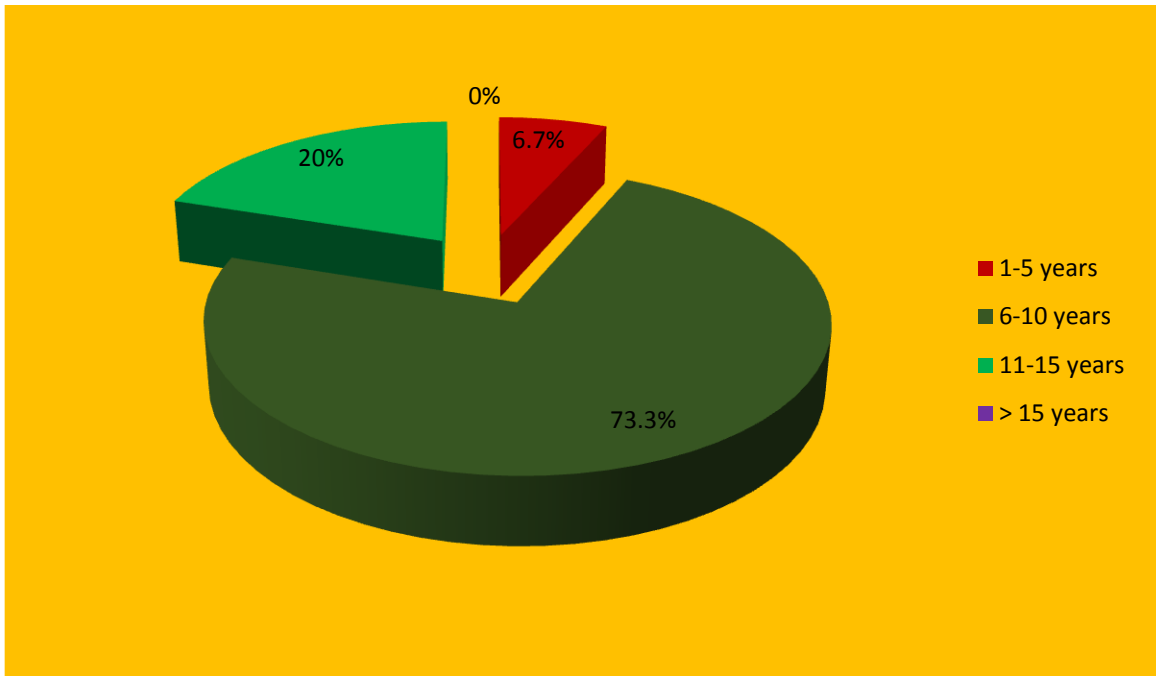


Figure 4: Percentage distribution of duration of marital life among housewives in the experimental group.

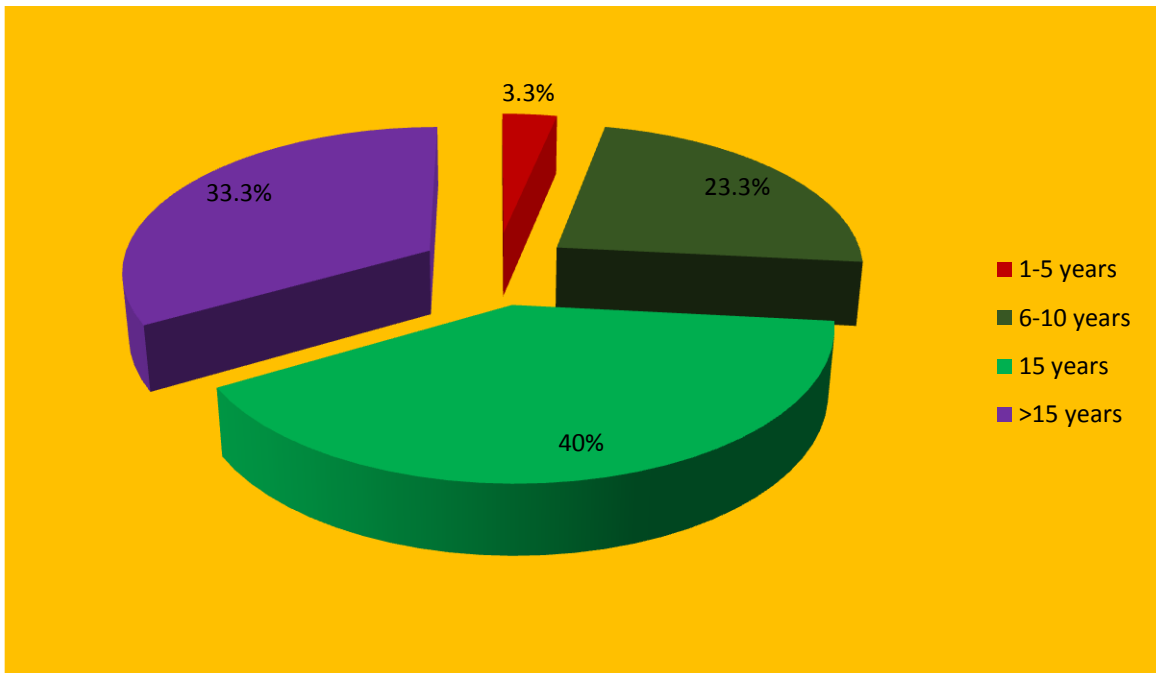


Figure 4: Percentage distribution of duration of marital life among housewives in the control group.

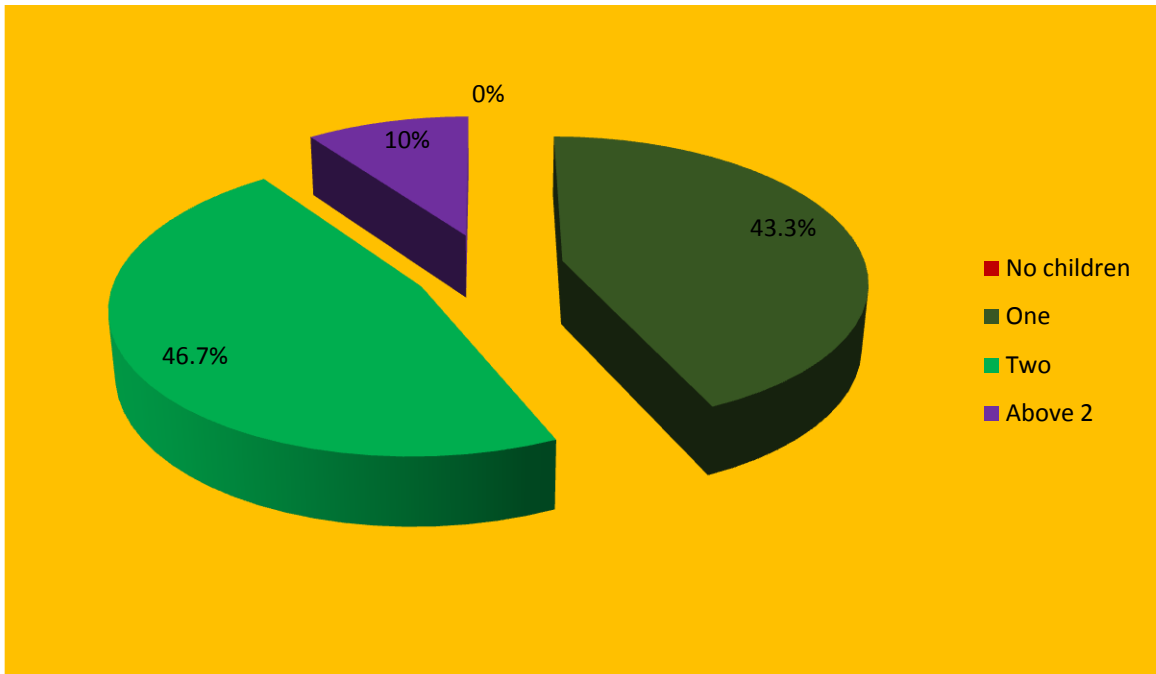


Figure 5: Percentage distribution of number of children among housewives in the experimental group.

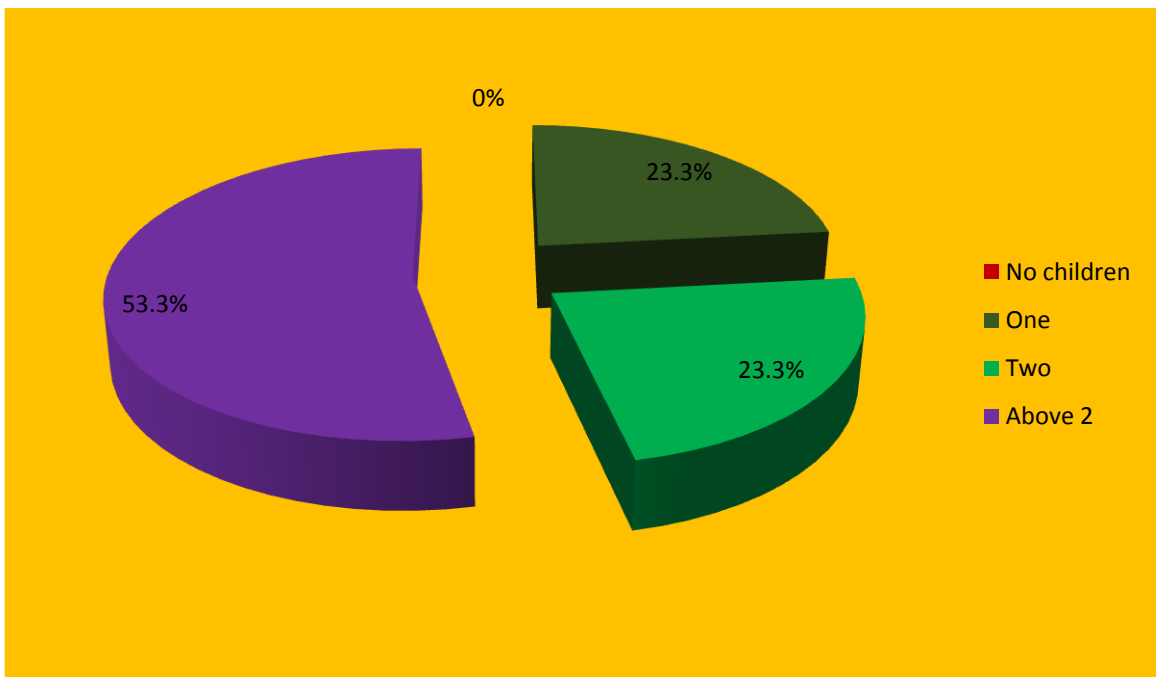


Figure 5 : Percentage distribution of number of children among housewives in the control group.

SECTION B: ASSESSMENT OF PRE TEST AND POST TEST LEVEL OF STRESS AND COPING AMONG HOUSEWIVES IN EXPERIMENTAL AND CONTROL GROUP.

Table 2: Frequency and percentage distribution of pre test and post test level of stress among housewives in the experimental group.

n = 30									
LEVEL OF STRESS	Very low stress		Mild Stress		Moderate stress		Severe stress		
	(1-30)		(31-60)		(61-90)		(91-120)		
	n	%	n	%	n	%	n	%	
PRE TEST	2	6.67	9	30	9	30	10	33.33	
POST TEST	5	16.67	18	60	7	23.33	0	0	

The table 2 reveals the percentage distribution of pre test and post test level of stress among housewives in the experimental group.

The analysis of pre test level of stress in experimental group, revealed that majority 10(33.33%) had severe level of stress, 9(30%) had moderate level of stress, 9(30%) had mild level of stress and 2(6.67%) had very low level of stress.

Whereas, the post test level of stress in experimental group, revealed that majority 18(60%) had mild level of stress, 7(23.33%) had moderate level of stress and 5(16.67%) had very low level of stress.

Table 3: Frequency and percentage distribution of pre test and post test level of stress among housewives in the control group

LEVEL OF STRESS	n=30							
	Very low stress (1-30)		Mild Stress (31-60)		Moderate stress (61-90)		Severe stress (91-120)	
	n	%	n	%	n	%	n	%
PRE TEST	0	0	0	0	3	10	27	90
POST TEST	0	0	0	0	5	16.67	25	83.33

The table 3 reveals that the percentage distribution of pre test and post test level of stress among housewives in the control group.

The analysis of pre test level of stress in control group, revealed that majority 27(90%) had severe level of stress and 3(10%) had moderate level of stress.

Whereas, the post test level of stress in control group, revealed that 25(83.33%) had severe level of stress and 5(16.67%) had moderate level of stress.

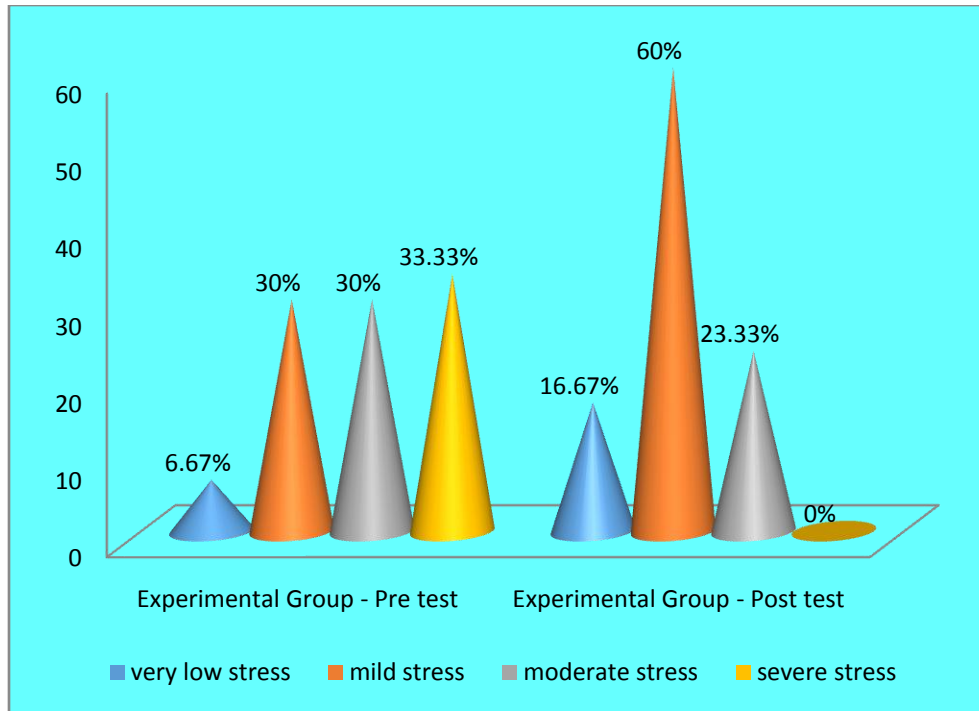


Figure 6: Percentage distribution of pre test and post test level of stress in experimental group

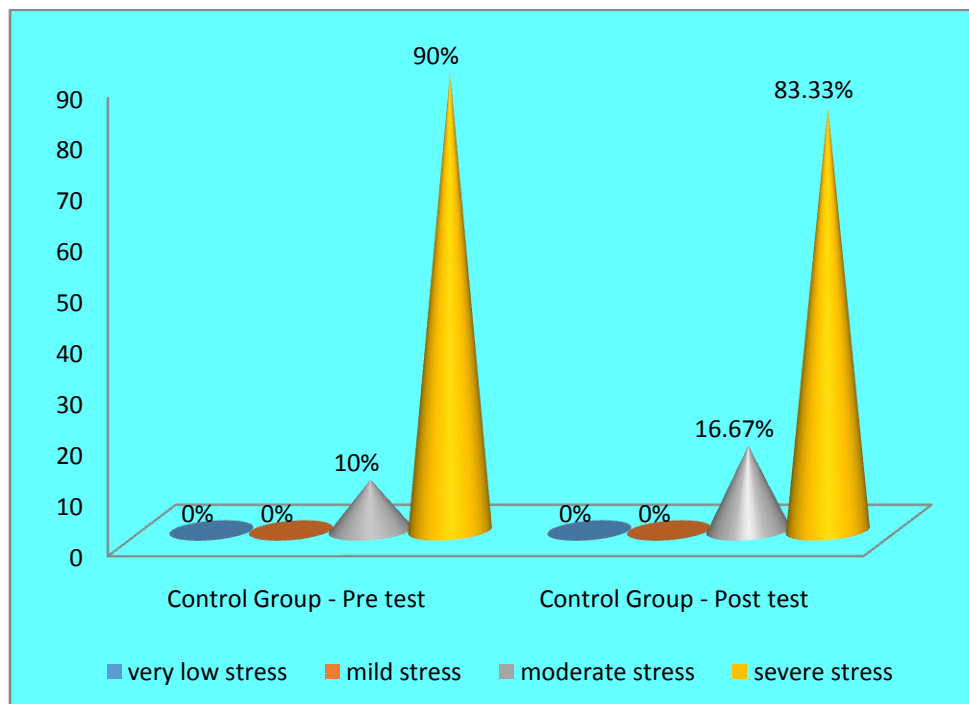


Figure 7: Percentage distribution of pre test and post test level of stress in control group.

Table 4: Frequency and percentage distribution of pre test and post test level of coping among housewives in the experimental group

LEVEL OF COPING	n=30					
	Low level of coping (0-7)		Moderate level of coping(8-13)		High level of coping(14-20)	
	n	%	n	%	n	%
PRE TEST	8	26.67	18	60	4	13.33
POST TEST	4	13.33	14	46.67	12	40

The table 4 reveals that the percentage distribution of pre test and post test level of coping among housewives in the experimental group.

The analysis of pre test level of coping in experimental group, revealed that majority 18(60%) had moderate level of coping, 8(26.67%) had low level of coping and 4(13.33%) had high level of coping.

Whereas, in the post test level of coping in experimental group, revealed that 14(46.67%) had moderate level of coping, 12(40%) had high level of coping and 4(13.33%) had low level of coping.

Table 5: Frequency and percentage distribution of pre test and post test level of coping among housewives in the control group

LEVEL OF COPING	n=30					
	Low level of coping (0-7)		Moderate level of coping(8-13)		High level of coping(14-20)	
	n	%	n	%	n	%
PRE TEST	10	33.33	16	53.33	4	13.33
POST TEST	10	33.33	18	60	2	6.67

The table 5 reveals that the percentage distribution of pre test and post test level of coping among housewives in the control group.

The analysis of pre test level of coping in control group, revealed that majority 16(53.33%) had moderate level of coping, 10(33.33%) had low level of coping and 4(13.33%) had high level of coping.

Whereas, in the post test level of coping in control group, revealed that 18(60%) had moderate level of coping, 10(33.33%) had low level of coping and 2(6.67%) had high level of coping.

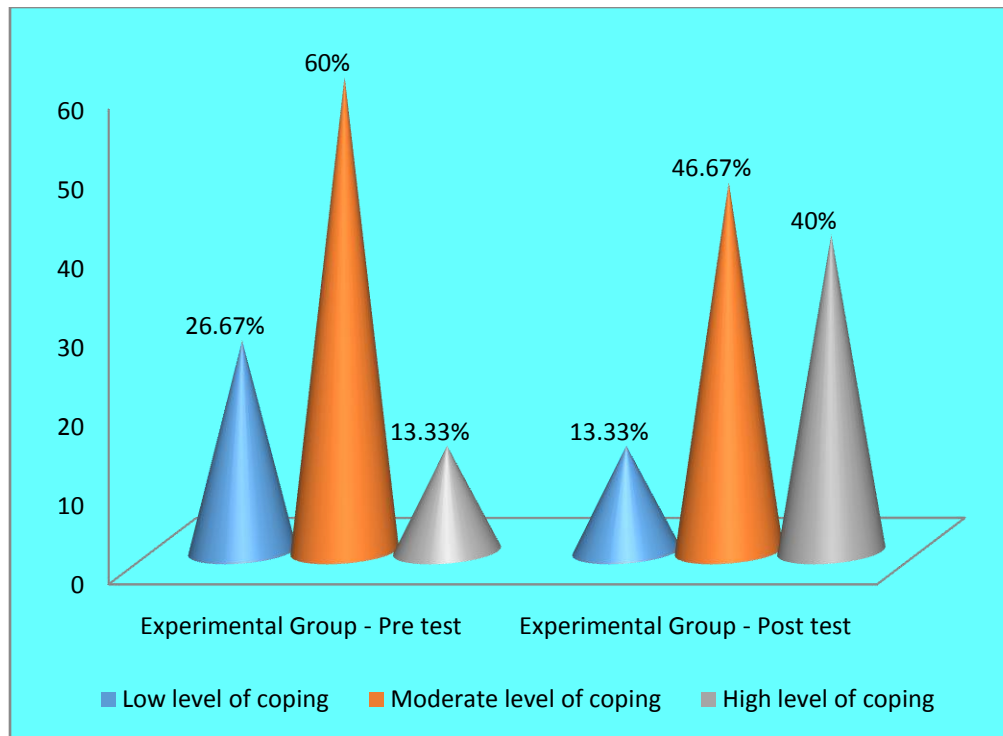


Figure 8: Percentage distribution of pre test and post test level of coping in experimental group

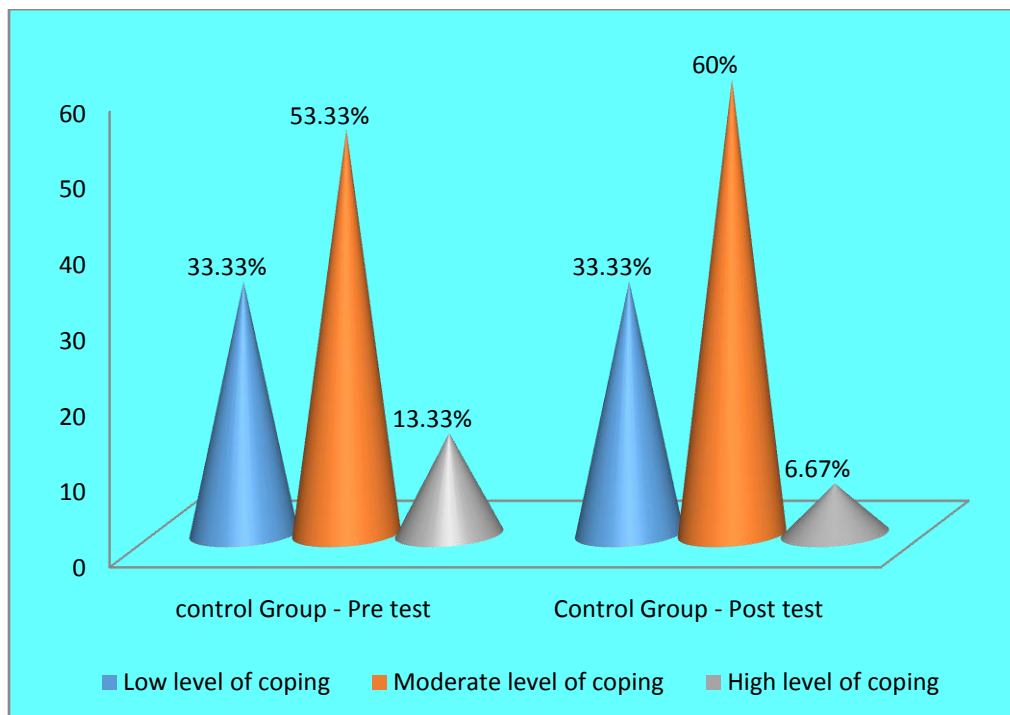


Figure 9: Percentage distribution of pre test and post test level of coping in control group

SECTION C: COMPARISION OF PRE TEST AND POST TEST LEVEL OF STRESS AND COPING AMONG HOUSEWIVES IN EXPERIMENTAL AND CONTROL GROUP.

Table 6: Comparison of pre and post test level of stress among housewives in experimental group.

n=30			
Level of Stress	Mean	S.D	Paired 't' Value
Pre test	79.37	25.201	t = 11.29*
Post Test	51.90	17.229	

*p<0.001, Significant.

The table 6 shows the comparison of pre and post test level of stress in experimental group.

The mean pre test value of stress was 79.37 with S.D 25.201 and the mean post test value of stress was 51.90 with S.D 17.229.

The calculated paired “t” value of t = 11.29 was found to be statistically significant at p<0.001 level.

This clearly shows that the administration of pranayama on stress had significant reduction in the post test level of stress among housewives in experimental group. This clearly indicates that pranayama on stress was effective in reducing the stress level of housewives.

Table 7: Comparison of pre and post test level of stress among housewives in control group.

n=30			
Level of Stress	Mean	S.D	Paired 't' Value
Pre test	94.20	3.167	t = 1.7
Post Test	94.10	3.241	

p<0.001, Not Significant.

The table 7 shows the comparison of pre and post test level of stress in control group.

The mean pretest value of stress was 94.20 with S.D 3.167 and the mean post test value of stress was 94.10 with S.D 3.241.

The calculated paired “t” value of $t = 1.7$ was not found to be statistically significant.

This clearly shows that there was no significant difference between the pretest and post test stress score among housewives in the control group.

Table 8: Comparison of pre and post test level of coping among housewives in experimental group.

n=30			
Level of Stress	Mean	S.D	Paired 't' Value
Pre test	9.62	3.064	t = 6.65*
Post Test	13.07	3.401	

*p<0.001, Significant.

The table 8 shows the comparison of pre and post test level of coping in experimental group.

The mean pre test value of coping was 9.62 with S.D 3.064 and the mean post test value of coping was 13.07 with S.D 3.401.

The calculated paired value of “t” = 6.65 was found to be statistically significant at p<0.001 level.

This clearly shows that the administration of pranayama had significant improvement in the post test level of coping among housewives in the experimental group. This clearly indicates that pranayama was effective in reducing the stress level and improving the coping level of housewives.

Table 9: Comparison of pre and post test level of coping among housewives in control group

n=30			
Level of Stress	Mean	S.D	Paired 't' Value
Pre test	9.67	3.45	t = 1.17
Post Test	10.07	2.95	

p<0.001, Not Significant.

The table 9 shows the comparison of pre and post test level of coping in control group.

The mean pre test value of coping was 9.67 with S.D 3.45 and the mean post test value of coping was 10.07 with S.D 2.95.

The calculated paired “t” value of t = 1.17 was not found to be statistically significant.

This clearly shows that there was no significant difference between the pre test and post test level of coping among housewives with stress in the control group.

Table 10: Comparison of post test level of stress score among housewives between the experimental and control group.

N=60(30+30)			
Post Test	Mean	S.D	Unpaired 't' Value
Experimental	51.90	17.23	t = 12.514**
Control	93.43	5.79	

**p<0.05, Significant.

Table 8 shows the comparison of post test level of stress between the experimental and control group.

When comparing the post test level of stress between the experimental and control group, the mean post test score in the experimental group was 51.90 with S.D 17.23 and the mean post test score in the control group was 93.43 with S.D 5.79.

The calculated unpaired "t" value of t = 12.514 was found to be statistically significant at p<0.05 level.

This clearly indicates that after the administration of pranayama on stress among housewives had significant reduction in their post test level of stress among housewives in experimental group than the control group.

Table 11: Comparison of post test level of coping score among housewives between the experimental and control group.

N=60(30+30)			
Post Test	Mean	S.D	Unpaired 't' Value
Experimental	12.83	3.58	t = 3.26*
Control	10.07	2.99	

*p<0.05, Significant.

Table 9 shows the comparison of post test level of coping between the experimental and control group.

When comparing the post test level of coping between the experimental and control group, the mean post test score in the experimental group was 12.83 with S.D 3.58 and the mean post test score in the control group was 10.07 with S.D 2.99.

The calculated unpaired "t" value of $t = 3.26$ was found to be statistically significant at $p < 0.05$ level.

This clearly indicates that after the administration of pranayama on coping among housewives had significant improvement in the post test level of coping among housewives in the experimental group than the control group.

SECTION D: ASSOCIATION OF POST TEST LEVEL OF STRESS AMONG HOUSEWIVES WITH THE SELECTED DEMOGRAPHIC VARIABLES IN THE EXPERIMENTAL GROUP.

Table 12: Association of post test level of stress among housewives with the demographic variables in experimental group.

									n=30
Demographic Variables	Very low		Mild		Moderate		Severe		χ^2 value
	stress (1-30)		(31-60)		(61-90)		(91-120)		
	n	%	n	%	n	%	n	%	
1.Age in years									
25-30 years	1	3.33	1	3.33	0	0	0	0	4.021 (df=6) P=0.6739 NS
31-35 years	2	6.66	4	13.3	2	6.66	0	0	
36-40 years	2	6.66	10	33.33	3	10	0	0	
41-45 years	0	0	3	10	2	6.66	0	0	
2.Education									
No formal education	1	3.33	1	3.33	0	0	0	0	4.021 (df=6) P= 0.6739 NS
Primary	2	6.66	4	13.3	2	6.66	0	0	
Higher secondary	2	6.66	10	33.33	3	10	0	0	
Graduate	0	0	3	10	2	6.66	0	0	
3.Religion									
Hindu	3	10	16	53.33	6	20	0	0	3.216 (df=4) P=0.5224 NS
Muslim	1	3.33	1	3.33	0	0	0	0	
Christian	1	3.33	1	3.33	1	3.33	0	0	
Others	0	0	0	0	0	0	0	0	

4.Type o family									
Nuclear family	3	10	5	16.66	2	6.66	0	0	1.921
Joint family	2	6.66	13	43.33	5	16.66	0	0	df=2
Extended family	0	0	0	0	0	0	0	0	P=0.3826
									NS
5.Type of marriage									
Consanguineous	2	6.66	9	30	1	3.33	0	0	2.679
Non consanguineous	3	10	9	30	6	20	0	0	(df=2)
									P=0.2620
									NS
6.Duration of marital life									
1-5 years	1	3.33	1	3.33	0	0	0	0	10.141
6-10 years	3	10	16	53.33	3	10	0	0	(df=4)
11-15 years	1	3.33	1	3.33	4	13.33	0	0	P=0.0381
>15 years	0	0	0	0	0	0	0	0	S*
7. Number of children									
No children	0	0	0	0	0	0	0	0	1.560
One	3	10	8	26.66	2	6.66	0	0	(df=4)
Two	2	6.66	8	26.66	4	13.33	0	0	P=0.8160
Above two	0	0	2	6.66	1	3.33	0	0	NS
8.occupation of husband									
Government job	2	6.66	4	13.33	2	6.66	0	0	1.612
Private job	1	3.33	7	23.33	3	10	0	0	(df=6)
Business	1	3.33	5	16.66	1	3.33	0	0	P=0.9517
Coolie or daily wages	1	3.33	2	6.66	1	3.33	0	0	NS

9. Family monthly income

Less than Rs.5000	1	3.33	9	30	3	10	0	0	9.222 (df=6) P=0.1615 NS
Rs.5001-8000	1	3.33	7	23.33	4	13.33	0	0	
Rs.8001-11000	2	6.66	1	3.33	0	0	0	0	
Above Rs. 11000	1	3.33	1	3.33	0	0	0	0	

**10. Bad habits of husband
(smoking and alcoholism)**

Yes	3	10	16	53.33	4	13.33	0	0	3.771 (df=2) P=0.1517 NS
No	2	6.66	2	6.66	3	10	0	0	

*p<0.05, S – Significant, N.S – Not Significant.

The table 9 shows that the demographic variable of duration of marital life had shown statistically significant association with post level of stress at p<0.05 level among and the other demographic variables were not found to be statistically significant association with the post level of stress among housewives in the experimental group.

SECTION D: ASSOCIATION OF POSTTEST LEVEL OF COPING AMONG HOUSEWIVES WITH THE SELECTED DEMOGRAPHIC VARIABLES IN THE EXPERIMENTAL GROUP.

Table 13: Association of post test level of coping among housewives with the demographic variables in experimental group. n=30

Demographic Variables	Low		Moderate		Severe		χ^2 value
	(1- 7)		(8-13)		(14-20)		
	n	%	n	%	n	%	
1.Age in years							
25 - 30 years	2	6.66	1	3.33	1	3.33	9.656
31 - 35 years	1	3.33	4	13.33	1	3.33	df=6
36 - 40 years	1	3.33	7	23.33	5	16.66	P=0.1399
41 - 45 years	0	0	2	6.66	5	16.66	NS
2.Education							
No formal education	0	0	1	3.33	1	3.33	7.536
Primary	2	6.66	4	13.33	2	6.66	df=6
Higher secondary	1	3.33	5	16.66	9	30	P=0.2741
Graduate	1	3.33	4	13.33	0	0	NS
3.Religion							
Hindu	3	10	12	40	10	33.33	3.912
Muslim	1	3.33	1	3.33	0	0	df=4
Christian	0	0	1	3.33	2	6.66	P=0.4181
Others	0	0	0	0	0	0	NS
4.Type of family							
Nuclear family	2	6.66	8	26.66	0	0	10.071
Joint family	2	6.66	6	20	12	40	df=2
Extended family	0	0	0	0	0	0	P=0.0065
							S*

5.Type of marriage							
Consanguineous	3	10	6	20	3	10	3.214
Non Consanguineous	1	3.33	8	26.66	9	30	df=2
							P=0.2005
							NS
6.Duration of marital life							
1-5 yrs	1	3.33	1	3.33	0	0	3.420
6-10 yrs	2	6.66	10	33.33	10	33.33	df=4
11-15yrs	1	3.33	3	10	2	6.66	P= 0.49
>15 yrs	0	0	0	0	0	0	NS
7.Number of children							
No children	1	3.33	8	26.66	4	13.33	10.708
One	1	3.33	5	16.66	8	26.66	df=4
Two	2	6.66	1	3.33	0	0	P=0.03
Above2	0	0	0	0	0	0	S*
8.Occupationof husband							
Government job	2	6.66	4	13.33	2	6.66	9.184
Private job	2	6.66	6	20	3	10	df=6
Business	0	0	4	13.33	3	10	P=0.1635
Coolie or daily wages	0	0	0	0	4	13.33	NS
9.Familymonthly income							
Less than Rs. 5000	2	6.66	7	23.33	4	13.33	2.420
Rs. 5001-8000	1	3.33	5	16.66	6	20	df=6
Rs. 8001-11000	1	3.33	1	3.33	1	3.33	P=0.8773
Above Rs. 11000	0	0	1	3.33	1	3.33	NS

10.Bad habits of husband							
(smoking and alcoholism)							
Yes	2	6.66	12	40	9	30	2.249
No	2	6.66	2	6.66	3	10	df=2
							P=0.3248
							NS

*p<0.05, S – Significant, N.S – Not Significant

The table 9 shows that the demographic variables of type of family and number of children had shown statistically significant association with post test level of coping at p<0.05 level among housewives and the other demographic variables were not found to be statistically significant association with the post test level of coping among housewives in the experimental group.

CHAPTER V

DISCUSSION

The purpose of this study was to evaluate the effectiveness of pranayama on stress and coping among housewives among selected community area, in pudukkottai.

This chapter discussed the major findings of the study and reviews them in terms of result from other studies.

The first objective of the study was to assess the pre test and post test level of stress and coping among housewives in experimental group and control group

The analysis of pre test level of stress in experimental group, revealed that majority 10(33.33%) had severe level of stress, 9(30%) had moderate level of stress, 9(30%) mild level of stress and 2(6.66%) had normal level of stress, whereas the post test level of stress in experimental group, revealed that 18(60%) had mild level of stress, 7(23.33%) had moderate level of stress and 5(16.66%) had normal level of stress.

The analysis of pre test level of stress in control group, revealed that majority 27(90%) had severe level of stress and 3(10%) had moderate level of stress, whereas the post test level of stress in control group, revealed that 25(83.33%) had severe level of stress and 5(16.66%) had moderate level of stress.

The analysis of pre test level of coping in experimental group, revealed that majority 18(60%) had moderate level of coping, 8(26.66%) had low level of coping and 4(13.33%) had high level of coping, whereas in the post test level of coping in experimental group, revealed that 14(46.66%) had moderate level of coping, 12(40%) had high level of coping and 4(13.33%) had low level of coping.

The analysis of pre test level of coping in control group, revealed that majority 16(53.33%) had moderate level of coping, 10(33.33%) had low level of coping and 4(13.33%) had high level of coping, where as in the post test level of coping in control group, revealed that 18(60%) had moderate level of coping, 10(33.33%) had low level of coping and 2(6.66%) had high level of coping.

These findings was supported by **Irasangappa Mudakavi (2017)** conducted study to assess the stress and coping strategies among homemakers. A total 100 homemakers were selected by simple random sampling technique. A self prepared tool were used to collect socio demographic data, modified stress scale to assess the level of stress and a standardized scale (K Matheson and H Anisman's coping scale) to assess the coping strategies of homemakers. The statistical result was 35(35%) had mild stress, 61(61%) had moderate stress and 4(04%) had severe stress level. Among hundred homemakers, 90 (90%) of them had moderate coping strategies and 10(10%) of them had poor coping strategies. The mean value of stress was 39.51 with SD of 6.46 whereas the mean value of respondents on coping strategies was 27.47 with SD of 4.92. The overall findings of the study depicts that homemakers had moderate to severe stress and adapted moderate to poor coping strategies.

The findings of the study support the investigators assumption, that the stress and coping among housewives will change the level of stress and coping. Hence the stated hypotheses 1 is accepted.

The second objective of the study was to evaluate the effectiveness of pranayama on level of stress and coping among housewives and experimental and control group.

Comparison of pre and post test level of stress in experimental group revealed that, the mean pretest value of stress was 79.37 with S.D 25.201 and the mean post test value of stress was 51.90 with S.D 17.229 and the calculated paired “t” value of $t = 11.29$ was found to be statistically significant at $p < 0.001$ level. This clearly shows that the administration of pranayama on stress had significant reduction in the post test level of stress among housewives in experimental group. This clearly indicates that pranayama on stress was effective in reducing the stress level of housewives.

Comparison of pre and post test level of stress in control group revealed that, the mean pretest value of stress was 94.20 with S.D 3.167 and the mean post test value of stress was 94.10 with S.D 3.241. The calculated paired “t” value of $t = 1.7$ was not found to be statistically significant. This clearly shows that there was no significant difference between the pretest and post test stress score among housewives in the control group.

Comparison of pre and post test level of coping in experimental group revealed that the mean pretest value of coping was 9.62 with S.D 3.064 and the mean post test value of coping was 13.07 with S.D 3.401. The calculated paired value of “t” = 6.65 was found to be statistically significant at $p < 0.001$ level. This clearly shows that the administration of pranayama had significant improvement in the post test level of coping among housewives in the experimental group. This clearly indicates that pranayama was effective in reducing the stress level and improving the coping level of housewives.

Comparison of pre and post test level of coping in control group revealed that the mean pretest value of coping was 9.67 with S.D 3.45 and the mean post test value of coping was 10.07 with S.D 2.95. The calculated paired “t” value of $t = 1.17$ was not found to be statistically significant. This clearly shows that there was no significant difference between the pretest and post test level of coping among housewives with stress in the control group.

Comparison of post test level of stress between the experimental and control group revealed that the mean post test score in the experimental group was 51.90 with S.D 17.23 and the mean post test score in the control group was 93.43 with S.D 5.79. The calculated unpaired “t” value of $t = 12.514$ was found to be statistically significant at $p < 0.05$ level. This clearly indicates that after the administration of pranayama on stress among housewives had significant reduction in their post test level of stress among housewives in experimental group than the control group.

Comparison of post test level of coping between the experimental and control group revealed that the mean post test score in the experimental group was 12.83 with S.D 3.58 and the mean post test score in the control group was 10.07 with S.D 2.99. The calculated unpaired “t” value of $t = 3.26$ was found to be statistically significant at $p < 0.05$ level. This clearly indicates that after the administration of pranayama on coping among housewives had significant improvement in their post test level of coping among housewives in the experimental group than the control group.

These finding was supported by **Sowmiya (2012)** conducted a Quasi experimental study to determine the pranayama on stress and coping among housewives. one group pretest posttest design was adopted for this study. Simple random sampling technique was used to select 60 samples. Pre test was done to assess the level of stress and coping among housewives by using structured interview schedule. The paired ‘t’ value for stress was 13.05 and for coping was 11.21 which are greater than the table value 1.96 at $p \leq 0.05$ level indicating the difference in mean was true difference and pranayama was effective in reducing stress and attaining high level of coping among housewives. There was negative correlation ($r = -0.482$) between the level of stress and coping. Pranayama is a non pharmacological, cost effective and very practicable measure to reduce the level of

stress and improve the level of coping among housewives. Hence the stated hypothesis 2 was accepted.

The third objective of this study was to find out the association between the post test level of stress and coping among housewives with the selected demographic variables in experimental group.

The chi square value showed significance association between the level of Stress among housewives. The demographic variable of duration of marital life had shown statistically significant association with post level of stress at $p < 0.05$ level among housewives group and the other demographic variables were not found to be statistically significant association with the post level of stress among housewives in the experimental group.

The chi square value showed significance association between the level of coping among housewives. The demographic variables of type of family and number of children had shown statistically significant association with post test level of coping at $p < 0.05$ level among housewives and the other demographic variables were not found to be statistically significant association with the post test level of coping among housewives in the experimental group.

These findings was supported by **Devi C.G, et, al (2013)** conducted a study to assess the stress and coping strategies among housewives of alcoholics. A total 70 housewives were selected on non probability convenient technique. A tool was used to perceived stress scale to assess the level of stress and coping scale to assess the coping strategies of wives of alcoholics. The study findings revealed that majority 30(42.86%) had moderate stress, 30 (42.86%) had average coping, there was a positive correlation between the level of stress and coping strategies among the wives of alcoholics $r = 0.312$

showed that there was a high statistical significant at <0.01 level, the study conducted that there was a positive correlation between the stress and coping strategies among the of alcoholics housewives

This clearly indicates that pranayama was effective in reducing the stress level and improving the coping level of housewives. Hence the stated hypothesis 3 is accepted.

CHAPTER - VI

SUMMARY, CONCLUSION, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

This chapter presents the summary of the study and conclusions drawn. It classifies limitation of the study, implications, recommendation in different areas like nursing practice, nursing education, nursing administration, nursing research and recommendation for the further study.

SUMMARY OF THE STUDY

“A quasi experimental study to evaluate the effectiveness of pranayama on stress and coping among housewives at selected community areas, in Pudukkottai.”

THE FOLLOWING OBJECTIVES WERE SET FOR THE STUDY

- To assess the pre test and post test level of stress and coping among housewives in experimental and control group.
- To evaluate the effectiveness on pranayama on level of stress and coping among housewives in experimental group.
- To find out the association between the post test level of stress and coping among housewives with the selected demographic variables in experimental group.

HYPOTHESES

H₁ . There was a significant difference between the pre test and post test level of stress and coping among housewives, in experimental group.

H2- There was a significant difference between the post test level of stress and coping among housewives between experimental and control group. .

H3- There was a significant association between the post test level of stress and coping among housewives with their selected demographic variables in experimental group.

The conceptual model of the study was based on the **KING'S GOAL ATTAINMENT THEORY**. The study was conducted with quasi experimental with pre test- post test control group design. Non probability purposive sampling technique was used to select the study sample.

The data analyzed and interpreted in terms of objectives and research hypothesis. Descriptive statistics [frequency, percentage, mean and standard deviation] and inferential statistics [paired, unpaired "test" and chi square] were used to test the research hypotheses.

MAJOR FINDINGS OF THE STUDY

- In the experimental group, majority 13(43.3%) were in the age group of 36 – 40 years, 15(50%) had Higher secondary education, 25(83.3%) were Hindus, 20(66.7%) were belongs to joint family, 18(60%) were in non consanguineous marriage, 22(73.3%) of them had 6-10 years duration of marital life, 14(46.7%) had two children, majority 11(36.6%) of their husband had private job, 13 (43.3%) had family monthly income less than Rs.5000 and 23(76.6%) of their husbands had bad habits, whereas the control group, majority 12(40%) were in the age group of 36 – 40 years, 12(40%) had no formal education, 24(80%) were Hindus, 25(83.3%) were belongs to joint family, 25(83.3%) were in non consanguineous marriage, 12(40%) of them had 11-15 years duration of marital life, 16(53.3%)

had above two children, majority 13(43.3%) of their husband were coolies, 11 (36.7%) had family monthly income less than Rs.5000 and 24(80%) of their husbands had bad habits.

- The analysis of pre test level of stress in experimental group, revealed that majority 10(33.33%) had severe level of stress, 9(30%) had moderate level of stress, 9(30%) mild level of stress and 2(6.67%) had normal level of stress, whereas the post test level of stress in experimental group, revealed that 18(60%) had mild level of stress, 7(23.33%) had moderate level of stress and 5(16.67%) had normal level of stress, whereas the analysis of pre test level of stress in control group, revealed that majority 27(90%) had severe level of stress and 3(10%) had moderate level of stress. whereas the post test level of stress in control group, revealed that 25(83.33%) had severe level of stress and 5(16.67%) had moderate level of stress.
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- Comparison of pre and post test level of stress in control group shows the mean pretest value of stress was 94.20 with S.D 3.167 and the mean post test value of stress was 94.10 with S.D 3.241. The calculated paired “t” value of $t = 1.7$ was not found to be statistically significant. This clearly shows that there was no significant difference between the pretest and post test stress score among housewives in the control group.
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- The chi square value showed significance association between the level of coping among housewives. The demographic variables of type of family and number of children had shown statistically significant association with post test level of coping at $p < 0.05$ level among housewives and the other demographic variables were not found to be statistically significant association with the post test level of coping among housewives in the experimental group.

CONCLUSION

- Pranayama is an effective intervention at the time of stress.
- The pranayama technique helps to reduce level of stress and to improve the level of coping among housewives.

IMPLICATIONS OF THE STUDY

- It includes implication for nursing practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE

- Pranayama can be introduced as a stimulating mode of intervention by the nurses for promoting relaxation among the stress due to hospitalization.
- Pranayama can be incorporated into routine nursing intervention.
- Pranayama can be given for staff nurses working in multi speciality units. This technique will help to reduce their work stress.

NURSING EDUCATION

- Student nurses can learn themselves and practice this pranayama technique to avoid stress.
- The faculty members can motivate the students to practice pranayama sessions and educate them regarding the importance and health benefits of pranayama.
- Staff development programme need to be arranged, so that the nurse educators can encourage the students to practice pranayama to the patients.

NURSING ADMINISTRATION

- Nursing administrator can organize in-service education programmes for staff nurses regarding pranayama.
- Video shows about pranayama can be made available to staff nurses. This will help the staff nurses to promote the comfort of the inpatients.
- Nurse administrator can make arrangements for the practice of pranayama in hospital.

NURSING RESEARCH

- Researchers should focus on non-pharmacological interventions to reduce stress, anxiety and depression.
- The findings should be disseminated through conferences, seminars and publications in professional, national and international journals.
- Research can be conducted on various settings.

LIMITATIONS

- The study was limited to assess the effectiveness of pranayama only on stress and coping among housewives.
- The study was limited to the time allotted for pranayama sessions (30 minutes/day).

RECOMMENDATIONS

- A similar study could be conducted with employed women to find out the effectiveness of the pranayama.
- A study can be conducted with large sample size to generalize the results of the study.
- The nurses in the community can arrange pranayama sessions, especially for teenage girls.
- Research can be conducted to find out the various innovative methods to reduce the level of stress, anxiety and depression.
- A comparative study can be conducted to find out the difference in level of stress, anxiety and depression between employed women and unemployed women.

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APPENDIX – A
SECTION - A
DEMOGRAPHIC DATA

Kindly answer the following questions:

1. Age in years

- a) 25-30yrs ()
- b) 31-35yrs ()
- c) 36-40yrs ()
- d) 41-45yrs ()

2. Education

- a) No formal education ()
- b) Primary ()
- c) Higher secondary ()
- d) Graduate ()

3. Religion

- a) Hindu ()
- b) Muslim ()
- c) Christian ()
- d) Others ()

4. Type of family

- a) Nuclear family ()
- b) Joint family ()
- c) Extended family ()

5. Type of marriage

- a) Consanguineous ()
- b) Non consanguineous ()

6. Duration of marital life in years

- a) 1-5 yrs ()
- b) 6-10 yrs ()
- c) 11-15 yrs ()
- d) >15 yrs ()

7. Number of children

- a) No children ()
- b) One ()
- c) Two ()
- d) Above 2 ()

8. Occupation of husband

- a) Government job ()
- b) Private job ()
- c) Business ()
- d) Coolie or daily wages ()

9. Family Monthly income

- a) Less than Rs.5000 ()
- b) Rs. 5001-8000 ()
- c) Rs. 8001-11000 ()
- d) Above Rs. 11000 ()

10. Bad habits of husband (smoking and alcoholism)

- a) Yes ()
- b) No ()

If yes, Specify.....

SECTION-B
MODIFIED STRUCTURED INTERVIEW SCHEDULE
(BASED ON SINGH PERSONAL STRESS SOURCE INVENTROY,
COHEN STRESS SCALE, PERCEIVED STRESS SCALE)
FIVE POINT RATING SCALE ON ASSESSMENT OF STRESS

Kindly answer the following questions:

S. No	Items	Never	Almost never never	Occasionally	Often	Always
I	Physical factors					
1	My heart beats fast and I feel it.					
2	I cannot breathe in and breathe out easily.					
3	I have difficulty in swallowing.					
4	My hands and legs shake and tremble.					
5	My hands are usually dry and warm.					
6	I have loss of appetite.					
7	I have an urge to empty bladder frequently.					
8	I have sleep disturbance at night.					
9	I am bothered often by head, back and neck pain.					
10	I feel tired during the end of the day.					
II	Psychological factors					
11	I have night mares.					

12	I get upset easily.					
13	I get angry with people too quickly.					
14	I am unable to concentrate for more than 10 minutes.					
15	I have lack of interest to do household activities.					
16	I feel worthless as an/a housewife.					
17	I feel insecure in home.					
18	I feel depressed.					
19	I feel guilty when my expectation is not fulfilled.					
20	I am not able to communicate fluently					
III	Financial factors					
21	I feel that single earning is insufficient to meet the family needs.					
22	I feel financial crisis at family because of your unemployment.					
23	I am not good at managing money.					
IV	Familial factors					
24	My family members do not accept my suggestions.					
25	I do not get support from my family members.					
26	My family members pick up quarrel often with me.					
V	Sexual factors					

27	I am not sexually satisfied.					
28	My husband sexually harass me.					
VI	Socio-Environmental factors					
29	I do not maintain good relationship with my neighbours.					
30	I do not get adequate support from society.					

Scoring key

Never - **0**

Almost Stress - **1**

Occasionally - **2**

Often - **3**

Always - **4**

Total score is 120 To interpret the level of stress

LEVEL OF STRESS	SCORES	PERCENTAGE
Very low stress	1- 30	1 - 25%
Mild stress	31 -60	26-50%
Moderate stress	61-90	51-75%
Severe stress	91-120	76-100%

SECTION-C

A. TOOL TO ASSESS THE COPING LEVEL OF HOUSEWIVES

(BASED ON RAO& PRABHU)

Kindly answer the following questions:

S.NO	ITEMS	YES	NO
1	I feel that I have hopeful about my future.		
2	I dicuss my feeling with someone.		
3	I make my own plan of action.		
4	I am satisfying with my decision making.		
5	I let my feeling out.		
6	I have good relationship with my family and friends.		
7	I feel lack of interest with my decision making.		
8	I feel that I have over boredom.		
9	I often feel lack of concentration in my work.		
10	I can manage the problem in different situation.		
11	I try to make myself feel better by recreation.		
12	I feel like I am a isolated person.		
13	I feel difficulty to control my emotion.		
14	I am avoiding my responsibility		
15	I am anxious about fulfilled commitment.		
16	I am having difficulty to adjust with this environment.		

17	I feel comfort when I have difficulty.		
18	I get adequate time to taken rest.		
19	I express anger to other person in my family.		
20	I often lose confidence.		

SCORING KEY

For each item ‘Yes’ carries 1 mark and ‘No’ carries 0 mark.

Total score is 20

To interpret the level of coping

Level of coping	Scores	Percentage
Low level of coping	0-7	0- 35%
Moderate level of coping	8-13	36-65%
High level of coping	14-20	66-100%

APPENDIX – D

**a)LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH
STUDY**

From

Ms S. Saranya devi,
M.Sc(N) II year,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

To

The Principal,
Karpaga Vinayaga College Of Nursing,
Pudukkottai.

Respected madam

SUB: Requesting permission to conduct the research study, regarding...

I am Ms. Saranya devi final year M.Sc(N) student of Karpaga Vinayaga College Of Nursing, Pudukkottai, to conduct a research project which is to be submitted to the Tamil Nadu Dr. M.G.R. Medical University, Chennai as partial fulfillment of University requirement for award of M.Sc(N) Degree.

“ A quasi experimental study to evaluate the effectiveness of pranayama on stress and coping among housewives at selected community areas, in Pudukkottai”.

I humbly request you to grant permission to conduct research study in community areas. I will be highly grateful to you for your favour.

Thanking you

Place:

Yours Sincerely,

Date:

(S.SARANYA DEVI)

**b)LETTER GRANTING PERMISSION TO CONDUCT RESEARCH
STUDY**

From

Ms.S. Saranya devi,
M.Sc(N) II year,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

To

The Principal,
Karpaga Vinayaga College Of Nursing,
Pudukkottai.

Respected madam

SUB: Requesting permission to conduct the research study, regarding...

I am Ms. Saranya devi final year M.Sc(N) student of Karpaga Vinayaga College Of Nursing, Pudukkottai, to conduct a research project which is to be submitted to the Tamil Nadu Dr. M.G.R. Medical University, Chennai as partial fulfillment of University requirement for award of M.Sc(N) Degree.

“A quasi experimental study to evaluate the effectiveness of pranayama on stress and coping among housewives at selected community areas, in Pudukkottai”.

I humbly request you to grant permission to conduct research study in community areas. I will be highly grateful to you for your favour.

Thanking you

Place:

Yours Sincerely,

Date:

(S.SARANYA DEVI)

d) LETTER REQUESTING FOR VALIDATION OF THE TOOL

From

Ms.S. Saranya devi,
M.Sc.(N) II year,
Karpaga Vinayaga college of Nursing,
Pudukkottai.

To

Through,

The Principal
Karpaga Vinayaga College of Nursing
Pudukkottai.

Respected Madam

Sub: Requisition for content validity of tool.

I am S. Saranya devi doing M.Sc(Nursing) second year in Karpaga Vinayaga College of Nursing Pudukkottai, Under The Tamilnadu, Dr. M.G.R Medical university, Chennai. As a partial fulfillment of my M.Sc (N) Degree programme. I am conducting a research on "A quasi experimental study to evaluate the effectiveness of pranayama on stress and coping among housewives at selected community areas, in Pudukkottai". A tool has been developed for the research study.

I am sending the tool for content validity and for your expert and valuable opinion.

I will be very thankful for your kind consideration. Kindly return it to the Undersigned.

Thanking you.

Yours Sincerely,

(S.SARANYA DEVI)

Encl:

1. Certificate of content validity,
2. Statement of the problem, objectives, hypothesis, research methodology.
3. Description of tool and tool for data collection.

c) REQUISITION LETTER TO MEDICAL GUIDE

FROM

Ms. S. Saranya devi,
M.Sc.(N) II year,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

TO

Dr. RAJESH KUMAR., M.B.B.S., D.P.M.,
Senior Resident,
Government Medical college hospital,
Pudukkottai.

THROUGH,

The Principal,
Karpaga Vinayaga College of Nursing
Pudukkottai.

Respected Sir,

Sub: Requesting permission for the guidance to conduct the study, regarding.

I am II year M.Sc Nursing student of Karpaga Vinayaga College of Nursing Pudukkottai. I would like to conduct a study as a part of partial fulfillment for the degree of masters in nursing. The statement of the problem "A quasi experimental study to evaluate the effectiveness of pranayama on stress and coping among housewives at selected community areas, in Pudukkottai".

I humbly request you to give me guidance and suggestions for conducting my study.

Thanking you in anticipation

Place:

Date:

Yours Faithfully,
(S.SARANYA DEVI)

e) CERTIFICATE FOR VALIDITY

This is to certify that the Structured questionnaire schedule on “A study to evaluate the effectiveness of Pranayama on stress and coping among housewives at selected community areas, Pudukkottai”, has been validated and found appropriate with mentioned suggestion .

Signature :

Name :

Designation :

Name of the college :

PROCEDURE OF PRANAYAMA

INTRODUCTION

Breathing is life. It is one of our most vital functions. One of the Five Principles of Yoga is Pranayama or Breathing Exercise which promotes proper breathing. In a Yogic point of view, proper breathing is to bring more oxygen to the blood and to the brain, and to control Prana or the vital life energy.

MEANING

Pranayama is the art of mastering lifeforce within your being and body.

BENEFITS

- Reduces the stress and anxiety
- Provides a sense of well being
- Keeps your body very young
- Enhances the balances of our nervous system and allows to think creatively.
- Increases the amount of oxygen supply to the brain thereby improving the mental alertness.
- Promotes good emotional control, equilibrium and psychological soundness to overcome psychological distress.
- Increase digestion process
- Strengthen the immune system thereby reducing the chance of occurrence of frequent infection.
- Removes the toxin and stale air from the lungs
- Strengthen the diaphragm and respiratory muscles.

PROCEDURE

- Warm ups - 5 mts
- Nadisuddhi - 5 mts
- Bastrika - 5 mts
- Cooling pranayama - 5 mts
- Bhramari pranayama - 5 mts
- Relaxation - 5 mts

WARM-UPS

- Stand at ease; keep distance between feet, hands joined at back.
- While inhaling move head towards right up to shoulder lines (line of the eye sight too), come to center while exhaling and move the head towards left shoulder. Repeat 5 times in each directions. Pause and relax.
- Lean down head and rotate in a circle (try to touch ears to shoulders) with eyes open. Perform one round each of 5 circles in both the directions.
- Also move head, down and up 3 to 5 times. It removes giddiness caused by circular movement of head.

NADI SUDDHI

a) Starting Position:

- Sit in any meditative posture.

b)Practice:

- Close the right nostril with the right thumb and exhale completely through the left nostril, then inhale deeply through the same left nostril.
- Close the left nostril with your ring & small fingers of the right hand, then open the right nostril and exhale through the right nostril, again inhale through the same right nostril.
- Then close the right nostril and exhale through the left nostril.
- Repeat nine rounds.

Bhastrika

- Be seated in cross leg position. Place your hands on your knees. Feel relaxed.
- Breathe in by inhaling forcefully through the both nostrils.
- Make sure that your lungs are fully, exhale with great force making hissing sound.
- Repeat the procedure for 5-10 times.

COOLING PRANAYAMA**SITALI****a) Starting Position:**

- Sit in any meditative posture.

b) Practice:

- Stretch the tongue forward out of the mouth and fold it so as to resemble the back of a crow.
- Slowly suck the air through the beak and feel the jet of cool air passing down the trachea into the lungs.
- Slowly exhale through the nostrils, carefully feeling the movement of warm air all the way up from the lungs through the trachea and the nasal passage.
- Repeat 9 rounds.

SITKARI**a) Starting position:**

- Sit in any meditative posture.

b) Practice

- Fold the tip of the tongue inwards and press the root of the upper palate with the tip of the tongue. The folded tongue slightly comes out between the two rows of teeth and provides a narrow opening on both the sides.
- Slowly suck the air, which enters in through the two sides of the tongue, diffuse throughout the mouth and move down the trachea into the lungs.
- The warm air is exhaled out slowly through the trachea, and the nostrils and the breath stops automatically.
- Repeat 9 rounds.

SADANTA

a) Starting Position

- Sit in any comfortable posture.

b) Practice

- Let the upper teeth touch the lower teeth.
- The tip of the tongue kept behind the teeth and air is sucked in.
- Inhale through the crevices of the teeth and the air moves over the gums slowly and continuously into the mouth and passes down the trachea into the lungs.
- The warm air is exhaled out slowly through the trachea, and the nostrils and the breath stops automatically.
- The deep relaxation obtained due to cooling.
- Repeat 9 rounds.

BHRAMARI PRANAYAMA

- Be seated in cross legged position.
- Close the eyes with both hands by four finger and thumb on the ear.
- Now inhale and exhale forcibly with a buzzing sound.
- Inhalation and exhalation should be from both nostrils and mouth should be closed.
- Repeat it 10-12 times.

RELAXATION

Shavasana

- The patient lies in the supine position, lower limbs 30 degrees apart and the upper limbs making an angle of 15 degrees with the trunk, with the forearms in the mid-prone position and fingers semi-flexed.
- The eyes are closed with eyelids drooping.
- The patient is taught slow, rhythmic diaphragmatic breathing with a short pause after each inspiration and a longer one at the end of each expiration.
- After establishing this rhythm, he is asked to attend to the sensation at the nostrils, the coolness of the inspired air and the warmth of the expired air
- The patient is asked to relax the muscles so that he is able to feel the heaviness of different parts of the body.

பிரிவு - அ

அடிப்படை விவரங்களை அறியும் நேர்காணல் படிவம்

குறிப்பு:

ஆராய்ச்சியாளர் பின்வரும் அனைத்து தகவல்களையும் பங்கேற்பவர்களிடமிருந்து சேகரித்து (✓) என்ற குறியை மிகவும் பொருத்தமானவைகளுக்கு எதிரேயுள்ள கட்டத்தில் இடுவார்.

1. வயது (வருடங்களில்)

அ) 25 - 30 வரை ()

ஆ) 31 - 35 வரை ()

இ) 36 - 40 வரை ()

ஈ) 41 - 45 வரை ()

2. கல்வித்தகுதி

அ) கல்வியறிவு இல்லாதவர் ()

ஆ) ஆரம்பக்கல்வி கற்றவர் ()

இ) உயர்கல்வி கற்றவர் ()

ஈ) பட்டப்படிப்பு கற்றவர் ()

3. மதம்

அ) இந்து ()

ஆ) முஸ்லீம் ()

இ) கிறிஸ்துவர் ()

ஈ) மற்றவை ()

4. குடும்ப வகை

அ) தனிக்குடும்பம் ()

ஆ) கூட்டுக்குடும்பம் ()

இ) நீட்டிக்கப்பட்ட குடும்பம் ()

5. திருமண வகை

அ) இரத்த பந்தத்திற்குள் திருமணம் ()

ஆ) இரத்த பந்தமற்ற திருமணம் ()

6. திருமண வாழ்க்கை காலம்

- அ) 1- 5 வருடங்கள் ()
- ஆ) 6 - 10 வருடங்கள் ()
- இ) 11 - 15 வருடங்கள் ()
- ஈ) >15 வருடங்கள் ()

7. குழந்தைகளின் எண்ணிக்கை

- அ) குழந்தை இல்லை ()
- ஆ) 1 ()
- இ) 2 ()
- ஈ) 2க்கு மேல் ()

8. கணவரின் தொழில்

- அ) அரசு வேலை ()
- ஆ) தனியார் வேலை ()
- இ) வியாபாரம் ()
- ஈ) தினக்கூலி ()

9. குடும்ப மாத வருமானம்

- அ) ரூ.5000க்கு கீழ் ()
- ஆ) ரூ.5001 - 8000 வரை ()
- இ) ரூ.8001 - 11000 வரை ()
- ஈ) ரூ.11,000க்கு மேல் ()

10. உங்கள் கணவருக்கு ஏதேனும் கெட்டப்பழக்கம் உள்ளதா?

(புகைபிடித்தல் மற்றும் குடிபழக்கம்)

- அ) ஆம் ()
- ஆ) இல்லை ()

ஆம் எனில், குறிப்பிடுக

பிரிவு - ஆ

வரையறுக்கப்பட்ட நேர்காணல் படிவம்

மனஅழுத்தத்தை அறிய உதவும் ஐந்து புள்ளிகள் கொண்ட அளவுகோல்

குறிப்பு: கீழ்க்கண்ட வினாகளுக்கு சரியான பதிலை கூறவும்.

வ. எண்	விபரம்	இல்லை	எப்போதும் இல்லை	எப்போதாவது	அடிக்கடி	எப்போதும்
அ.	உடல்நிலை தொடர்பான காரணிகள்					
1.	என்னுடைய இதயதடிப்பு அதிகரிப்பதை நான் உணருகிறேன்					
2.	என்னால் எளிதாக சுவாசிக்க முடியவில்லை					
3.	எனக்கு விழுங்குவதற்கு சிரமமாக உள்ளது					
4.	எனது கால்கள் மற்றும் கைகள் நடுக்கமாக உள்ளது.					
5.	எப்போதும் என்னுடைய கைகள் மற்றும் கால்கள் உலர்ந்து மற்றும் சூடாக உள்ளது.					
6.	எனக்கு மன இறுக்கத்தினால் பசியின்மை உள்ளது					
7.	எனக்கு அடிக்கடி சிறுநீர் கழிக்க வேண்டும் என்பது போல தோன்றுகிறது.					
8.	எனக்கு வீட்டு வேலைப்பளு காரணமாக உறக்கத்தில் இடையூறு உள்ளது.					
9.	எனக்கு அதிக வேலைப்பளு காரணமாக தலைவலி, கழுத்துவலி, முதுகுவலி உள்ளது					
10.	ஒருநாளின் இறுதியில், என்னுடைய உடல் சோர்வடைவதாக நான் உணர்கிறேன்					
ஆ.	மனநிலை காரணிகள்					
11.	எனக்கு அடிக்கடி கெட்ட கனவுகள் தோன்றுகின்றன.					
12.	எனக்கு மிக எளிதாக மனசோர்வு ஏற்படுகிறது					
13.	எனக்கு அடுத்தவர்களிடம் மிக விரைவாக கோபம் ஏற்படுகிறது.					
14.	என்னால் குறைந்தபட்சம் பத்து நிமிடத்திற்கு மேல் மனதை ஒரு நிலைபடுத்த முடியவில்லை.					
15.	எனக்கு வீட்டு வேலை செய்வதற்கு விருப்பம் இல்லாமல் இருக்கிறது.					
16.	நான் குடும்ப தலைவியாக இருப்பதை பயனற்றதாக உணருகிறேன்					
17.	எனக்கு என் வீட்டில் பாதுகாப்பு இல்லாததாக உணருகிறேன்.					

18.	நான் மனசோர்வை உணருகிறேன்					
19.	என்னுடைய எதிர்பார்ப்புகள் நிறைவேறாத போது குற்றவுணர்வு அடைகிறேன்.					
20.	என்னால் சரளமாக மற்றவர்களிடம் பேசமுடியவில்லை					
இ.	நிதி தொடர்பான காரணிகள்					
21.	நான் எனது குடும்ப தேவைகளை நிறைவேற்ற ஒரு நபரின் வருமானம் போதுமானதாக இல்லை என உணருகிறேன்.					
22.	நான் வேலைக்கு செல்லாத காரணத்தினால் என் குடும்பத்தில் நிதி நெருக்கடி இருப்பதாக உணருகிறேன்.					
23.	என்னால் பணத்தை சரியான முறையில் கையாள இயலவில்லை.					
ஈ.	குடும்ப தொடர்பான காரணிகள்					
24.	எனது குடும்ப உறுப்பினர்கள் என் கருத்துகளை ஏற்றுக் கொள்ள மறுக்கிறார்கள்					
25.	எனது குடும்ப உறுப்பினர்கள் எனக்கு ஆதரவு அளிப்பதில்லை					
26.	என்னால் பணத்தை சரியான முறையில் கையாள இயலவில்லை					
உ.	பாலினம் தொடர்பான காரணிகள்					
27.	எனக்கு என் தாம்பத்ய உறவில் திருப்தியில்லை					
28.	எனது கணவரால் நான் பாலியல் துன்புறுத்தலுக்கு உட்படுத்தப்படுகிறேன்.					
ஊ.	சமூகச்சூழல் தொடர்பான காரணிகள்					
29.	நான் எனது அண்டைவீட்டாருடன் நல்ல உறவுமுறையை ஏற்படுத்தி கொள்வதில்லை					
30.	எனக்கு சமூகத்திடம் இருந்து போதுமான ஆதரவு பெறுகிறீர்களா?					

பிரிவு - இ
வரையறுக்கப்பட்ட நேர்காணல் படிவம்
இல்லத்தரசிகளின் சமாளிக்கும் திறனை அறிய உதவும் கருவி
குறிப்பு: கீழ்க்கண்ட வினாகளுக்கு சரியான பதிலை கூறவும்.

வ. எண்	விபரம்	ஆம்	இல்லை
1.	என் எதிர்காலத்தை பற்றி நான் நம்பிக்கையோடு இருப்பதாக உணருகிறேன்		
2.	நான் என்னுடைய உணர்வுகளை பிறரிடம் பகிர்ந்துக் கொள்ளுகிறேன்.		
3.	நான் என்னுடைய செயல்திட்டத்தை நானே உருவாக்குகிறேன்		
4.	நான் எடுக்கும் முடிவுகள் எனக்கு திருப்தி அளிக்கின்றது.		
5.	நான் என்னுடைய உணர்வுகளை வெளிப்படுத்துகிறேன்		
6.	நான் என் குடும்ப உறுப்பினர்கள் மற்றும் நண்பர்களிடம் நல்உறவை பேணுகிறேன்		
7.	நான் எனது தினசரி வேலைகளில் ஆர்வம் குறைந்துள்ளதாக உணருகிறேன்.		
8.	நான் மிகுதியாக சலிப்படைவதாக உணருகிறேன்		
9.	நான் என்னுடைய வேலைகளில் கவன குறைபாடு இருப்பதாய் உணருகிறேன்		
10.	மாறுபட்ட சூழ்நிலைகளில் பிரச்சனைகளை என்னால் கையாள முடியும்		
11.	நான் பொழுதுபோக்கின் மூலம் மனதளவில் நன்றாக இருப்பதற்கு முயற்சிச்சிக்கிறேன்		
12.	நான் ஒதுக்கப்பட்டவர் போல் உணருகிறேன்		
13.	என்னுடைய உணர்ச்சிகளை கட்டுப்படுத்துவது சிரமமாக உள்ளது.		
14.	என்னுடைய பொறுப்புகளை தவிர்க்கிறேன்		
15.	நிறைவேறாத காரியங்களை எண்ணி நான் பதட்டப்படுகிறேன்		
16.	இந்த சூழலுக்கு ஒத்து போவதில் சிரமம் அடைகிறேன்		
17.	கடினமான தருணங்களிலும் வசதியாக உணருகிறேன்		
18.	ஓய்வு எடுக்க எனக்கு போதுமான நேரம் கிடைக்கிறது		
19.	நான் என்னுடைய கோபத்தை என் குடும்பத்தினிடம் வெளிப்படுத்துகிறேன்		
20.	நான் அடிக்கடி என் நம்பிக்கையை இழக்கிறேன்.		

Vazhga Vaiyagam

Vazhga Valamudan



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.....தமிழ்.....திருவெள்ளை.....

This is to certify that

Selvan / Selvi.S. சுவாமிநாதன்.....

has successfully participated in the

SKY YOGA FOR HOLISTIC HEALTH - FOUNDATION COURSE

held atசுவாமிநாதன்.....நதி.....வால்மீகி.....

from01-05-17..... to01-06-17.....

Be Blessed by the Divine Power

M. Ganesan

President

The World Community Service Centre

CERTIFICATE FOR VALIDITY

This is to certify that the structured questionnaire schedule on "A STUDY TO DETERMINE THE EFFECTIVENESS OF PRANAYAMA ON STRESS AND COPING AMONG HOUSEWIVES AT SELECTED COMMUNITY AREA IN PUDUKKOTTAI., has been validated and found appropriate with mentioned suggestion.



Signature:

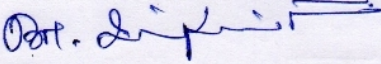
Name: MRS. P. SAMAYARANI

Designation: ASSOCIATE PROFESSOR

Name of the college:

CERTIFICATE FOR VALIDITY

This is to certify that the structured interview schedule on "A study to evaluate the effectiveness of Pranayama on stress and coping among housewives at selected community areas, Pudukottai", has been validated and found appropriate with mentioned suggestion.

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CERTIFICATE FOR VALIDITY

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Name: DR. P. R. RAJESH KUMAR

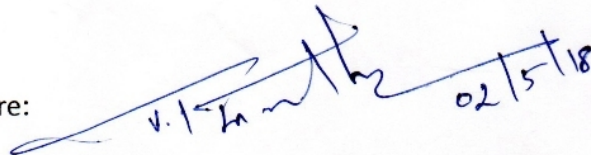
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CERTIFICATE FOR VALIDITY

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Signature:

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10/04/18.

Name:

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ASSOCIATE PROFESSOR.


Name of the college:

SARAGHI COLLEGE OF NURSING.
KARUR.



CERTIFICATE FOR VALIDITY

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Name: MRS. K. SARANYA

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Name of the college: OUR LADY OF HEALTH COLLEGE OF NURSING,
3RD CROSS, ARULANANDA NAGAR,
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This is to certify that the structured questionnaire schedule on "A STUDY TO DETERMINE THE EFFECTIVENESS OF PRANAYAMA ON STRESS AND COPING AMONG HOUSEWIVES AT SELECTED COMMUNITY AREA IN PUDUKKOTTAI., has been validated and found appropriate with mentioned suggestion.

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Designation: Asso. Professor.

Name of the college: Doctor's college of Nursing,
Koolaiarviduthy.

CERTIFICATE FOR EDITING

Certified that the dissertation paper titled "A Quasi Experimental study to evaluate the effectiveness of Pranayama on stress and coping among housewives at selected community areas , Pudukkottai" by Ms.S.Saranyadevi. It has been checked for accuracy and correctness of tamil language used in presenting the paper is lucid, unambiguous free of grammatical and spelling errors and is apt for the purpose.



M. Jawaheera Banu
21.7.2018
SIGNATURE

M. JAWAHEERA BANU,
P.G. ASST. TAMIL

அரசு மகளிர் மேல்நிலைப்பள்ளி
கேரளா - 622 502.
புதுக்கோட்டை மாவட்டம்.

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S. Santhakumari 21/7/18

SIGNATURE

S. SANTHAKUMARI

P. G. ASST.

GCHSS, KERANUR,

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கீரனூர் - 622 502.

புதுக்கோட்டை மாவட்டம்.